

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <i>Allg.</i>		STATE OF MARYLAND 3000 CERTIFICATE OF DEATH	
Village or City <i>Cumb.</i>		Registration Dist. No. <i>4</i>	
(No. <i>W. M. Hospital</i> )		St. <i>Ward</i> )	
2 FULL NAME <i>Mrs. Dahlia Allin</i>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	<i>Married</i>
6 DATE OF BIRTH <i>Unknown</i>		(Month) <i>1806</i> (Day) (Year)	
7 AGE <i>59 yrs. - mos. - ds.</i>		If LESS than 1 day, _____ hrs. OR min. ?	
8 OCCUPATION <i>House Wife</i>			
(a) Trade, profession, or particular kind of work... <i>wife</i>			
(b) General nature of industry, business, or establishment to which employed (or employer) ...			
9 BIRTHPLACE (State or country) <i>Philadelphia</i>			
10 NAME OF FATHER <i>Peter Ratigan</i>			
11 BIRTHPLACE OF FATHER (State or country) <i>Ireland</i>			
12 MAIDEN NAME OF MOTHER <i>Bridgette Zell</i>			
13 BIRTHPLACE OF MOTHER (State or country) <i>Ireland</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Pete Zell</i> (Address) <i>Eckhart Md</i>			
15 Filed <i>MAR 19 1913</i>		REGISTRAR	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH <i>March 18</i>		(Month) <i>1913</i> (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from <i>March 9</i> , 1913, to <i>March 18</i> , 1913, that I last saw her alive on <i>March 18</i> , 1913, and that death occurred on the date stated above, at <i>100</i> . The CAUSE OF DEATH* was as follows:			
<i>Cerebral Embolism 5 a.m. occurring from an apoplexy for gall stones &amp; strayed umbilical varia - apparently cerebellar (Duration) yrs. mos. ds. 2 hours before death.</i>			
Contributory (Secondary) <i>a H. Hawkins</i> (Duration) yrs. mos. ds.			
(Signed) <i>March 19, 1913</i> (Address) <i>Cumb bed</i> , M. D.			
* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.			
Where was disease contracted, if not at place of death? <i>Eckhart Md</i>			
Former or usual residence <i>Eckhart</i>			
19 PLACE OF BURIAL OR REMOVAL <i>Frostburg Md</i>		DATE OF BURIAL <i>Mar 19, 1913</i>	
20 UNDERTAKER <i>Jacob Hailey</i>		ADDRESS <i>Frostburg Md</i>	

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer-coal miner*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.. *Carcin-*

oma

*Surcoma*, etc., or (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "A-  
thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
mus," "Old Age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septic-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 3 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		STATE OF MARYLAND CERTIFICATE OF DEATH		
County	alleg	3001	(No.)	Registration Dist. No. 4
Village or City	Cumberland		Pulaski	St. Ward
2 FULL NAME		George Appel		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	6 Single	
Male	White			
7 DATE OF BIRTH		8 AGE	9 OCCUPATION	
Apr -		38 yrs. 11 mos. ds.	(a) Trade, profession, or particular kind of work...	
			(b) General nature of industry, business, or establishment in which employed (or employer)	
10 PARENTS		11 BIRTHPLACE OF FATHER (State or country)	12 MAIDEN NAME OF MOTHER	
		Germany	Lena Risenweber	
		13 BIRTHPLACE OF MOTHER (State or country)	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
		Germany	(Informant) Mrs Margaret Shober	
15		MAR 27 1913	(Address) Pulaski St.	
REGISTRAR				
(If death occurred in a hospital or institution, give its NAME instead of street and number.)				
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH March 26 <sup>th</sup> , 1913				
(Month) (Day) (Year)				
17 I HEREBY CERTIFY, That I attended deceased from March 18 <sup>th</sup> , 1913 to March 25 <sup>th</sup> , 1913,				
that I last saw him alive on March 25 <sup>th</sup> , 1913				
and that death occurred on the date stated above, at 4 p.m.				
The CAUSE OF DEATH* was as follows:				
A hepatic cirrhosis				
(Duration) 1 yrs. 0 mos. 0 ds.				
Contributory (Secondary) Typhumia				
(Duration) 0 yrs. 0 mos. 7 ds.				
(Signed) John L. Simms, M.D. Mar 27 <sup>th</sup> , 1913 (Address) Cumberland, Md.				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence				
19 PLACE OF BURIAL OR REMOVAL				
20 UNDERTAKER				
DATE OF BURIAL Mar 28, 1913				
ADDRESS Louis Stein City				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer-Coal minc*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scravnt*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonium*, etc. *Carcin-*

*oma*, *Surcoma*, etc., or \_\_\_\_\_ (name origin); "*Cancer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 8 1919

BUREAU. V. S.

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1 PLACE OF DEATH County <i>Alleg</i>		168	3002 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City <i>Cumberland</i> (No. 298 Md Ave.)		4	Registration Dist. No. 4
2 FULL NAME <i>Harold Arnold</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>	MEDICAL CERTIFICATE OF DEATH
6 DATE OF BIRTH <i>Feb 6, 1913</i> (Month) (Day) (Year)		16 DATE OF DEATH <i>March 19, 1913</i> (Month) (Day) (Year)	
7 AGE <i>— yrs. 1 mos. 13 ds.</i>		17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ..... 191... that I last saw h ..... alive on ..... 191...	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>None</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>—</i>		and that death occurred on the date stated above, at ..... 6:00 a.m. The CAUSE OF DEATH* was as follows:	
9 BIRTHPLACE (State or country) <i>Ind</i>		<i>Sepatinal bursier Se location - Postural</i>	
10 NAME OF FATHER <i>G. P. Arnold</i>		(Duration) yrs. mos. ds.	
11 BIRTHPLACE OF FATHER (State or country) <i>Pa</i>		Contributory (Secondary) (Duration) yrs. mos. ds.	
12 MAIDEN NAME OF MOTHER <i>Bora E. Hamilton</i>		(Signed) <i>H. Shaw Caron</i> , M. D. <i>March 19, 1913</i> (Address) <i>Cumberland, Md.</i>	
13 BIRTHPLACE OF MOTHER (State or country) <i>Md</i>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>E. P. Arnold</i>			
(Address) <i>298 Md Ave.</i>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.	
15 MAR 20 1913 Filed 191		Where was disease contracted, if not at place of death?	
		Former or usual residence.	
REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <i>Rose Hill Cemetery</i> DATE OF BURIAL <i>March 20, 1913</i>	
20 UNDERTAKER <i>Louis Stein</i>		ADDRESS <i>City</i>	

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal meningitis*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc.. *Carcin-*

oma

Surcoma

etc.

of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Masles* (disease causing death), *29 d.s.* *Bronchopneumonia* (secondary). *10 d.s.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement or cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 8 1913

BUREAU, V. S.

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## 1 PLACE OF DEATH

County Allegheny3003 STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. OneVillage or City New Castle (No. ....)

St.: ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Pat. Turner

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Wife6 DATE OF BIRTH Jan 28

(Month) (Day) (Year)

## 7 AGE

yrs. 1 mos. 2 ds. If LESS THAN1 day, ..... hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work.....

Wife

(b) General nature of industry, business, or establishment to which employed (or employer) .....

—

## 9 BIRTHPLACE

(State or country) Allegheny Co Ind.

## PARENTS

10 NAME OF FATHER George Allegheny11 BIRTHPLACE OF FATHER (State or country) Allegheny Co Ind.12 MAIDEN NAME OF MOTHER Ruth Mathews13 BIRTHPLACE OF MOTHER (State or country) Allegheny Co Ind.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) Dr. Barbayen(Address) Alb. Turner Ind.15 Filed. 191

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 28(Month) 2 (Day) 1913 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1913, to Jan 28, 1913, that I last saw him alive on Jan 28, 1913, and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH\* was as follows:

Hepatic Cancer

(Duration) yrs. mos. ds.

Contributory  
(Secondary) ✓

(Duration) yrs. mos. ds.

(Signed) Dr. Montague, M. D.(Address) 1913 New Castle

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Allegheny Co Ind. DATE OF BURIAL Jan 3, 1913

## 20 UNDERTAKER

Dr. Montague MD

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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### ASSOCIATION]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc.. Carcin-

oma, Sarcoma, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railroad train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., scrotis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 4 1913

BUREAU, V. S.

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1 PLACE OF DEATH 3004  
County Allegany

Village or City Evansdale (No. W. Md Hospital St. Ward)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Annie Agnes Barker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED  
(Write the word) married

6 DATE OF BIRTH

Aug 3, 1891  
(Monthly) (Day) (Year)

7 AGE

21 yrs. 7 mos. - ds. If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work... wife  
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9 BIRTHPLACE  
(State or country)

Md

10 NAME OF FATHER

Samuel Armstrong

11 BIRTHPLACE OF FATHER  
(State or country)

Md

12 MAIDEN NAME OF MOTHER

Elizabeth Lewis

13 BIRTHPLACE OF MOTHER  
(State or country)

Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Frostburg, Md.

15

MAR 3 1913  
Filed

H. D. Vaughan

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 3, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1913, to Mar. 3, 1913,

that I last saw her alive on Mar. 3, 1913,

and that death occurred on the date stated above, at 8 A.M.

The CAUSE OF DEATH\* was as follows:

Auto accident

(Duration) yrs. mos. 7 ds.

Contributory  
(Secondary)

Confinement

(Duration) yrs. mos. ds.

(Signed) Mar. 3, 1913 (Address) Shad. N. Ward, M.D.  
Accident

\* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place West Virginia yrs. mos. 4 ds. In the State 1913 yrs. mos. ds.

Where was disease contracted, if not at place of death? Frostburg, Md.

Former or usual residence? Frostburg, Md.

19 PLACE OF BURIAL OR REMOVAL

Frostburg, Md.

20 UNDERTAKER

Lam. Stein

DATE OF BURIAL

Mar. 3, 1913

ADDRESS

Evansdale

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

- (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factor. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.; Carcin-

oma. Sarcoma, etc., of \_\_\_\_\_ (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 da.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "An-  
thema," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
inus," "Old Age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Tumeral scirrhus," "Tumeral peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1918

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County *Alleg*

3005

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

Village or City *Amberland* (No. 8)*(al) Cherry Alley St. 1 Ward)*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Charley Thomas Bates*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>Colored</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i> (Write the word)
6 DATE OF BIRTH <i>July 17</i>		If LESS than 1 day, .... hrs. OR min. ?
		Month <i>July</i> Day <i>17</i> Year <i>1911</i>
7 AGE <i>1 yrs. 8 mos. 7 ds.</i>		

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. *None*  
 (b) General nature of industry, business, or establishment in which employed (or employer) *—*

9 BIRTHPLACE (State or country) *Md*10 NAME OF FATHER *Benjamin Bates*11 BIRTHPLACE OF FATHER (State or country) *Md*12 MAIDEN NAME OF MOTHER *Anna Robinson*13 BIRTHPLACE OF MOTHER (State or country) *Md*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Benjamin Bates*  
 (Address) *80 Cherry Alley*

15 *MAR 25 1913*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar 25, 1913*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Mar 16, 1913*, to *Mar 25, 1913*,  
 that I last saw him alive on *Mar 23, 1913*,  
 and that death occurred on the date stated above, at *9 a.m.*.  
 The CAUSE OF DEATH\* was as follows:

*Pneumonia*(Duration) *6 yrs. 0 mos. 0 ds.*Contributory  
(Secondary)

(Duration) *6 yrs. 0 mos. 0 ds.*  
 (Signed) *E. S. Grace*, M. D.  
 (Address) *Cumb Md.*

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death *yrs. mos. ds.* In the State *yrs. mos. ds.*

Where was disease contracted,  
 if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Summer Cem* DATE OF BURIAL *Mar 25, 1913*20 UNDERTAKER *H. J. Bunting* ADDRESS *Louis Stein City*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is hubris); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

oma, Surcomma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds. Bronchomycormia (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Traenmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause or death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED
APR 8 1913
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

3006

County

Baltimore County

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

Village or City

Towson Park, 64, Pectford

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## FULL NAME

Eunice Lucretia Beachy

## PERSONAL AND STATISTICAL PARTICULARS

<sup>3</sup> SEX	<sup>4</sup> COLOR OR RACE	<sup>5</sup> SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female.	White	married

<sup>6</sup> DATE OF BIRTH		
January 20, 1841		
(Month)	(Day)	(Year)

<sup>7</sup> AGE		
72	yrs. 2 mos.	ds.
If LESS than 1 day, .... hrs. OR ..... min. ?		

<sup>8</sup> OCCUPATION		
(a) Trade, profession, or particular kind of work <i>Nurse</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		

<sup>9</sup> BIRTHPLACE (State or country)		
Somerset, Pennsylvania		

<sup>10</sup> NAME OF FATHER		
John Neff		

<sup>11</sup> BIRTHPLACE OF FATHER (State or country)		
Pennsylvania		

<sup>12</sup> MAIDEN NAME OF MOTHER		
Eunice Lucretia Webster		

<sup>13</sup> BIRTHPLACE OF MOTHER (State or country)		
Pennsylvania		

<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
E. Ward Beachy		

(Informant)

(Address)

<sup>15</sup> MAR 21 1913		
Filled	1913	REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

<sup>16</sup> DATE OF DEATH March 1913, 1913 (Month) (Day) (Year)

<sup>17</sup> I HEREBY CERTIFY, That I attended deceased from March 1st, 1913, to March 19th, 1913,

that I last saw her alive on March 18th, 1913,

and that death occurred on the date stated above, at 12<sup>00</sup> P.M.

The CAUSE OF DEATH\* was as follows:

Heart failure, infarctis  
of age

(Duration) — yrs. — mos. — ds.

Contributory  
(Secondary) Chronic bronchitis

(Duration) 1 yrs. — mos. — ds.

(Signed) J. T. Garrison, M.D.  
March 22, 1913. (Address) Cumberland, Md.

\* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

<sup>18</sup> LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

<sup>19</sup> PLACE OF BURIAL OR REMOVAL Rosemary Cemetery DATE OF BURIAL 3/21, 1913

<sup>20</sup> UNDERTAKER J. W. Dutcher ADDRESS City

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Wanager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoracum*, etc. *Carcin-*

oma

Surcoma, etc. of (name origin; "Cap-  
ser" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tranema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 3 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County <i>Allegany</i>		3007	STATE OF MARYLAND CERTIFICATE OF DEATH	
		44	Registration Dist. No. 4	
Village or Town <i>Parsons Park</i>		Ward	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <i>Robert F Bishop</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the whole word)	Married	
6 DATE OF BIRTH <i>Mar 20, 1843</i>		If LESS than 1 day.....hrs. OR.....min.?	(Month) (Day) (Year)	
7 AGE <i>70 yrs. 1 mos. 10 ds.</i>				
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Carpenter</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Woodworker</i>				
9 BIRTHPLACE (State or country) <i>Va</i>				
10 NAME OF FATHER <i>Solomon Bishop</i>				
11 BIRTHPLACE OF FATHER (State or country) <i>West Va</i>				
12 MAIDEN NAME OF MOTHER <i>Suzilla Owens</i>				
13 BIRTHPLACE OF MOTHER (State or country) <i>West Va</i>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Mary Howard</i> (Address) <i>Baltimore, Md</i>				
15 MAR 10 1913 Filed	16 DATE OF BURIAL <i>St Pat's Cem.</i>	DATE OF BURIAL <i>Mar. 11, 1913</i>		
17 MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH <i>March 8, 1913</i> (Month) (Day) (Year)				
I HEREBY CERTIFY, That I attended deceased from <i>Dec 20, 1912</i> , to <i>Jan 15, 1913</i> , that I last saw him alive on <i>Jan 10, 1913</i> , and that death occurred on the date stated above, at <i>3 P.M.</i> The CAUSE OF DEATH* was as follows: <i>Chronic Valvular Heart Disease</i>				
(Duration) yrs. mos. ds.				
Contributory (Secondary) <i>F. F. Foote</i> (Signature) (Duration) yrs. mos. ds. (Signed) <i>Frank Foote</i> (Address) <i>Baltimore, Md</i> M. D. <i>Mar. 10, 1913</i>				
*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place _____ in the _____ State _____ yrs. mos. ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____				
19 PLACE OF BURIAL OR REMOVAL <i>St Pat's Cem.</i>				
20 UNDERTAKER <i>Louis Stein</i>				
ADDRESS <i>City</i>				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Influenza pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Truciala," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 3 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

County Allegany

3008

54

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 4Village or City Cumberland (No. 113) Va. Lane St. 6 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Mrs Emma D Boone

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Female

## 4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

## 6 DATE OF BIRTH

July 6, 1877  
(Month) (Day) (Year)

## 7 AGE

35 yrs. 8 mos. 6 ds. 1 day, hrs. OR min. ?

## 8 OCCUPATION

- (a) Trade, profession, or particular kind of work Housewife during  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)Va.

## 10 NAME OF FATHER

Henry Wescome11 BIRTHPLACE OF FATHER  
(State or country)Va.

## 12 MAIDEN NAME OF MOTHER

Annie Chapman13 BIRTHPLACE OF MOTHER  
(State or country)Va.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Edwin Boone

(Address)

113 Va. Lane

## 15

Filed MAR 31 1913F. E. Vining

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

March 30, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1913, to Mar 30th, 1913, that I last saw her alive on Mar 30th, 1913,and that death occurred on the date stated above, at 10:30 a.m., The CAUSE OF DEATH\* was as follows:Pneumonia Anemia(Duration) 1 yrs. 6 mos. 0 ds.Contributory  
(Secondary)Acute Endocarditis(Duration) 1 yrs. 0 mos. 0 ds.(Signed) R. L. Dwyer M. D.  
Mar 30, 1913 (Address) Cumberland Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Winchester VaDATE OF BURIAL  
Apr 1, 1913

## 20 UNDERTAKER

Lewis SteinADDRESS  
Combs

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. It retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death—**Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 da.** Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traenita," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County allegh 3009 (151)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Cumberland (No. 113, Vis Ave St. 6 Ward)

## 2 FULL NAME

Pauline Booze

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>✓ Jan 29</u>		(Month) (Day) (Year) <u>Jan 29, 1913</u>
7 AGE <u>yrs. 1 mos. 20</u>		IT LESS than 1 day.....hrs. OR.....min. ? <u>ds.</u>

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)  
Md

10 NAME OF FATHER  
Edwin Booze  
11 BIRTHPLACE OF FATHER  
(State or country)  
Md

12 MAIDEN NAME OF MOTHER  
Anna Discarver  
13 BIRTHPLACE OF MOTHER  
(State or country)  
Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Edwin Booze  
(Address) Cumberland and

15 MAR 21 1913 F. Wm. Smith

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
March 19, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Jan 15, 1913, to March 19th, 1913,  
that I last saw him alive on March 19th, 1913.

and that death occurred on the date stated above, at 8:30 P.M.  
The CAUSE OF DEATH\* was as follows:

Placenta Detached Hydrocephalus

(Duration) 3 yrs. 0 mos. 17 ds.  
Contributory Born Prematurely

(Duration) 0 yrs. 0 mos. 0 ds.  
(Signed) C. L. Owen, M.D.  
March 20, 1913 (Address) Cumberland Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place  
of death years months days. In the State years months days.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Boro Hall

## 20 UNDERTAKER

Louis Stein

## DATE OF BURIAL

Mar 20, 1913

## ADDRESS

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

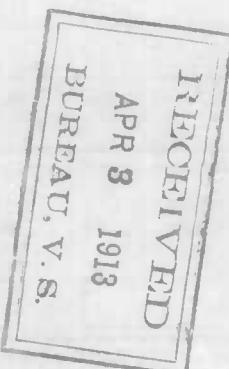
[Approved by U. S. Census and American Public Health

### **Association.**

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper*), who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

oma, Sarcoma, etc., or ..... (name origin: "Cap-  
sular" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic*  
*valvular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), *29 d.s.*:  
*Bronchopneumonia* (secondary), *10 d.s.* Never report  
mere symptoms or terminal conditions, such as "As-  
theta," "Anaemia" (merely symptomatic), "Atrophy",  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion",  
"Heart failure," "Haemorrhage," "Inanition," "Mias-  
mus," "Old Age," "Shock," "Uraemia," "Weakness"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Puerperal septicemia*,"  
"*Puerperal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For violent  
deaths state means of injury and quality as  
accidental, suicidal, or homicidal, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—accident*;  
*Revolver wound of head—homicide*; *Poisoned*  
*by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e.g.,  
*sepsis, tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Allegany

3010

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 12Village or City Lord (No. ....)St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elijah Ann Boyes

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Widow

## 6 DATE OF BIRTH

Dec 29, 1856  
(Month) (Day) (Year)

## 7 AGE

56 yrs. 2 mos. 24 ds. IF LESS than  
1 day, hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work light Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE  
(State or country)Borden Shaff M

## 10 NAME OF FATHER

Thomas Price11 BIRTHPLACE OF FATHER  
(State or country)Wales

## 12 MAIDEN NAME OF MOTHER

Mary Ann Davis13 BIRTHPLACE OF MOTHER  
(State or country)Wales

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David A. Price(Address) Bostburg M

## 15

Filed March 26, 1913 J. H. Charles

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

March 25, 1913  
(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended deceased from

not seen by doctor before death, 191..., to  
that I last saw h. alive on March 25, 1913

and that death occurred on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH\* was as follows:

Cerebral HemorrhageDie suddenly - few minutes

(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) James A. Bullock, M. D.  
March 26, 1913 (Address) Bonaconing Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

McKee's Cemetery Frostburg March 28, 1913

## 20 UNDERTAKER

Jonas Burst ADDRESS Frostburg

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcin-*

*oma*, *Sarcoma*, etc. of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic voluntary heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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R F C E T V F D
APR 4 1913
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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<b>1 PLACE OF DEATH</b>		3011	<b>STATE OF MARYLAND CERTIFICATE OF DEATH</b>
County	Alleg		Registration Dist. No. 4
Village or City	Cumberland		(No.)
<b>2 FULL NAME</b>		Mary P. Braut	
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b>	<b>6</b>
Female	White	Single	(Write the word)
<b>7 DATE OF BIRTH</b>		Mar 1, 1912	
(Month)		(Day) (Year)	
<b>8 AGE</b>		1 yrs. - mos. 28 ds.	
		If LESS than 1 day, ____ hrs. OR min. ?	
<b>9 OCCUPATION</b> (a) Trade, profession, or particular kind of work.			
Stone			
(b) General nature of industry, business, or establishment in which employed (or employer)			
Ormeo L. Pennington			
<b>10 NAME OF FATHER</b>		Henry Braut	
<b>11 BIRTHPLACE OF FATHER</b> (State or country)		Md	
<b>12 MAIDEN NAME OF MOTHER</b>		Annie Lowery	
<b>13 BIRTHPLACE OF MOTHER</b> (State or country)		Md	
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>			
(Informant)		Henry Braut	
(Address)		Beale St Ept	
<b>15</b>	MAR 30 1918		Filed 1918
F. W. Vaughan			
REGISTRAR			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.			
<b>16 MEDICAL CERTIFICATE OF DEATH</b>			
<b>17 DATE OF DEATH</b>		March 29, 1913	
(Month)		(Day) (Year)	
I HEREBY CERTIFY, That I attended deceased from March 27, 1913, to March 28 <sup>th</sup> , 1913,			
that I last saw her alive on Mar 28, 1913,			
and that death occurred on the date stated above, at 4 A.M.			
The CAUSE OF DEATH was as follows:			
Measles			
(Duration) yrs. mos. 5 ds.			
Contributory (Secondary) Ormeo L. Pennington			
(Duration) yrs. mos. 3 ds.			
(Signed) Dr. R. Simplici, M.D.			
Mar 29 <sup>th</sup> , 1913. Address) Cumberlnd, Md.			
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b>			
At place of death		yrs. mos. ds.	
Where was disease contracted, if not at place of death?		State yrs. mos. ds.	
Former or usual residence.			
<b>19 PLACE OF BURIAL OR REMOVAL</b>		<b>DATE OF BURIAL</b>	
Rose McDowell		May 30, 1913	
<b>20 UNDERTAKER</b>		<b>ADDRESS</b>	
Louis Stein		City	

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc. *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Cap-sar" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 8 1918

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

3012

County Allegany

Village or City Ocean (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 12

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## FULL NAME

Rose Byrnes

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female white 4 COLOR OR RACE Single  
5 SINGLE,  
MARRIED,  
WIDOWED,  
DIVORCED  
(Write the word) Single

8 DATE OF BIRTH March 8, 1905  
(Month) (Day) (Year)

7 AGE 7 yrs. 11 mos. 30 ds. If LESS than  
1 day, .... hrs.  
OR min. ?

8 OCCUPATION (a) Trade, profession, or  
particular kind of work. Child  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) .....

9 BIRTHPLACE (State or country) Allegany Co

10 NAME OF FATHER Thos. J. Byrnes

11 BIRTHPLACE OF FATHER County Wicklow Island

12 MAIDEN NAME OF MOTHER Bessie Water

13 BIRTHPLACE OF MOTHER Co. Wicklow Island

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. D. Ravencroft

(Address) Midland, Md

15 Filed March 8, 1913 F. H. Charles

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 6, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
March 1, 1913, to March 6, 1913,  
that I last saw her alive on March 6, 1913,  
and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH\* was as follows:

Obstruction of the Bowels

(Duration) yrs. mos. 2 ds.

Contributory Measles  
(Secondary)

(Duration) yrs. mos. 10 ds.

(Signed) J. D. Ravencroft, M. D.  
3/7, 1913 (Address) Midland, Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Midland, Md DATE OF BURIAL 3/8, 1913

20 UNDERTAKER Tochorn ADDRESS Tonacoming

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary Foreman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc. *Carcin-*

oma

*Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement or cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 4 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

<b>1 PLACE OF DEATH</b>		3013	<b>STATE OF MARYLAND CERTIFICATE OF DEATH</b>	
County <u>allegany</u>		(120)	Registration Dist. No. <u>4</u>	
Village or City <u>Cumberland</u> (No. <u>Wm Hospital</u> )		St. <u>Ward</u> )		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
<b>2 FULL NAME</b> <u>Howard Coff</u>				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>				
<b>3 SEX</b> <u>male</u>	<b>4 COLOR OR RACE</b> <u>white</u>	<b>5 SINGLE, MARRIED, WIDDED, OR DIVORCED</b> (Write the word) <u>marid</u>		
<b>6 DATE OF BIRTH</b> <u>Oct 2, 1892</u> (Month) (Day) (Year)				
<b>7 AGE</b> <u>20 yrs. 5 mos. + 2 ds.</u> If LESS than 1 day, _____ hrs. OR min. ?				
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work. <u>labor</u> (b) General nature of industry, business, or establishment in which employed (or employer)				
<b>9 BIRTHPLACE</b> (State or country) <u>Wva</u>				
<b>10 NAME OF FATHER</b> <u>Dennis Coff</u>				
<b>11 BIRTHPLACE OF FATHER</b> (State or country) <u>Wva</u>				
<b>12 MAIDEN NAME OF MOTHER</b> <u>Fannie Bechler</u>				
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <u>Wva</u>				
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <u>Dennis Coff</u> (Address) <u>Patterson Creek</u>				
<b>15 MAR 15 1913</b> <u>A. Brumagh</u> <u>Wva</u> Filed <u>1913</u>				
REGISTRAR				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.				
<b>MEDICAL CERTIFICATE OF DEATH</b>				
<b>16 DATE OF DEATH</b> <u>Mar 14</u> (Month) (Day) (Year)				
<b>17 I HEREBY CERTIFY</b> , That I attended deceased from <u>Mar 10</u> , 1913, to <u>Mar 14</u> , 1913, that I last saw him alive on <u>Mar 12</u> , 1913, and that death occurred on the date stated above, at <u>12:30 p.m.</u> . The CAUSE OF DEATH* was as follows: <u>Chronic passive Chymotaxis</u> <u>nephritis</u>				
(Duration) <u>2 yrs. mos. ds.</u>				
Contributory (Secondary) <u>Past operation</u> <u>short</u> <u>Decapsulation kidney</u> (Duration) <u>8 hrs</u> yrs. mos. ds.				
(Signed) <u>E. Brumagh</u> , M. D. <u>Mar 15, 1913</u> (Address) <u>Cumberland, Md.</u>				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b> At place <u>3 weeks</u> In the _____ of death ____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds.				
Where was disease contracted, if not at place of death? <u>Cumberland, Md.</u>				
Former or usual residence " "				
<b>19 PLACE OF BURIAL OR REMOVAL</b> <u>old Emma Wva.</u>				
<b>20 UNDERTAKER</b> <u>J. Walford</u> DATE OF BURIAL ADDRESS <u>City</u> <u>Hearse</u>				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meringes*, *peritonaeum*, etc.. *Carcin-*

oma

Surcoma

etc.

of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchomucomonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 3 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH		3014	STATE OF MARYLAND CERTIFICATE OF DEATH	
County <u>Allegany</u>		(45)	Registered No. 12	
Village or City <u>Midland</u> , (No.)		<u>R. R. Street</u>	St.;	Ward)
FAMILY NAME <u>Agnes Loretta Cavanaugh</u>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <u>Feby 11, 1871</u>		(Month) (Day) (Year)	16 DATE OF DEATH <u>March 23, 1913</u>	
7 AGE <u>42 yrs. 1 mos. 12 ds.</u>		It LESS than 1 day, ... hrs. OR min. ?	(Month) (Day) (Year)	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Wife &amp; mother</u>		I HEREBY CERTIFY, That I attended deceased from <u>Jacy 1, 1913</u> to <u>March 23, 1913</u> ,		
(b) General nature of industry, business, or establishment in which employed (or employer) <u> </u>		that I last saw her alive on <u>March 23, 1913</u> .		
9 BIRTHPLACE (State or country) <u>Westernport Md</u>		and that death occurred on the date stated above, at <u>3-15 P.m.</u> The CAUSE OF DEATH* was as follows: <u>Cancer of Right Kidney</u>		
10 NAME OF FATHER <u>Michael Hogan</u>		(Duration) yrs. <u>3</u> mos. <u>0</u> ds.		
11 BIRTHPLACE OF FATHER (State or country) <u>Ireland</u>		Contributory (Secondary)		
12 MAIDEN NAME OF MOTHER <u>Bridget Foley</u>		(Duration) yrs. <u>0</u> mos. <u>0</u> ds.		
13 BIRTHPLACE OF MOTHER (State or country) <u>Ireland</u>		(Signed) <u>F. H. Charles</u> , M. D. <u>March 24, 1913</u> (Address) <u>Midland Md</u>		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI- DENTAL, SUICIDAL, or HOMICIDAL.				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Bridget Hogan</u> (Address) <u>Westernport Md</u>				
15 Filed <u>March 24, 1913</u> <u>F. H. Charles</u>				
REGISTRAR				
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds. Where was disease contracted, if not at place of death? Former or usual residence.....				
17 PLACE OF BURIAL OR REMOVAL <u>Midland Cemetery</u>				
DATE OF BURIAL <u>March 26, 1913</u>				
20 UNDERTAKER <u>Jonah Durst</u>				
ADDRESS <u>Frostburg Md</u>				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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- (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

oma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Althnia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 4 1913

BUREAU, V. S.

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1 PLACE OF DEATH  
County Allegany

3015

28

Village or City Westtemper (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 11St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary Bonly

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married

6 DATE OF BIRTH March 8, 1913  
(Month) (Day) (Year)

7 AGE 31 yrs. mos. ds. If LESS than  
1 day, hrs. OR min. ?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work Housewife  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) Housewife

9 BIRTHPLACE  
(State or country) Peterson W. Va.

10 NAME OF  
FATHER William J. Skemp

11 BIRTHPLACE  
OF FATHER  
(State or country) Moonfield

12 MAIDEN NAME  
OF MOTHER Do not know

13 BIRTHPLACE  
OF MOTHER  
(State or country) Do not know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Walter Bonly

(Address) Westtemper

15 Filed May 30, 1913 J. G. Abbott

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from April, 1912, to March 8, 1913, that I last saw her alive on March 8, 1913,

and that death occurred on the date stated above, at 12 noon. m.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis

in year 1913 (Duration) yrs. mos. ds.

Contributory Tubercular Peritonitis  
(Secondary)

and Gastric (Duration) 3 months yrs. mos. ds.

(Signed) J. G. Abbott M. D.

March 11, 1913 (Address) J. G. Abbott

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place Westtemper In the Westtemper  
of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, Westtemper  
if not at place of death? Do not know

Former or Westtemper  
usual residence Westtemper

19 PLACE OF BURIAL OR REMOVAL Westtemper DATE OF BURIAL March 11, 1913

20 UNDERTAKER William Endicott ADDRESS Piedmont

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

American Public Health

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RECEIVED

APR 3 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH 3016

County Allegany

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

Village or City Cumberland (No. 29 Waverly Ter)

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

\* FULL NAME *Infant of Mammy Cordry Cordry*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<i>Female</i>	<i>White</i>	<i>Single</i>

6 DATE OF BIRTH	March 14, 1913
	(Month) (Day) (Year)

7 AGE	If LESS than 1 day, <u>  </u> hrs. OR <u>  </u> min. ?
— yrs. — mos. — ds.	

8 OCCUPATION	(a) Trade, profession, or particular kind of work.
	(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)	<i>nd</i>
------------------------------------	-----------

10 NAME OF FATHER	<i>Mammy Cordry</i>
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11 BIRTHPLACE OF FATHER (State or country)	<i>nd</i>
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12 MAIDEN NAME OF MOTHER	<i>I. Hodell</i>
--------------------------	------------------

13 BIRTHPLACE OF MOTHER (State or country)	<i>nd</i>
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	<i>Mammy Cordry</i>
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(Address)	<i>47 Cumberland</i>
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15 MAR 15 1913 Filed	<i>H. V. Cunningham</i>
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REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 14, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1913, to Mar. 14, 1913,

that I last saw him alive on Mar. 14, 1913, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH was as follows:

*Prolonged Labor*

*Sick Room* (Duration) yrs. mos. ds.

Contributory (Secondary) *Stephysin*

(Duration) yrs. mos. ds.

(Signed) *John P. Franklin*, M.D.  
Mar. 15, 1913 (Address) *Cumberland*

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

*Rose Hill* DATE OF BURIAL  
3/15/1913

20 UNDERTAKER ADDRESS  
*J. Walford* *City*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.. *Carcin-*

oma

*Surcoma*, etc., or \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED	APR 8 1913
BUREAU, V. S.	

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

3017

County AlleganySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City Burke (No. West Md Hof, St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Sara Florence Boughenour

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED side  
Female White (Write the word)

6 DATE OF BIRTH Sept. 25, 1896  
(Month) (Day) (Year)

7 AGE 16 yrs. 6 mos. 24 days If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work. nurse  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) at home.

9 BIRTHPLACE  
(State or country) Pa.

10 NAME OF  
FATHER J H Boughenour

11 BIRTHPLACE  
OF FATHER  
(State or country) Pa.

12 MAIDEN NAME  
OF MOTHER Eliza Kenelle

13 BIRTHPLACE  
OF MOTHER  
(State or country) Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J H Boughenour

(Address) Fairhope Pa.

15  
Filed MAR 29 1913 Hodgins

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 29, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 27 1913, to March 29, 1913, that I last saw her alive on March 28, 1913,

and that death occurred on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH\* was as follows:

Nephritis

(Duration) 3 yrs. 3 mos. 7 ds.  
Contributory (Secondary) Appendicitis

(Duration) 7 yrs. 7 mos. 7 ds.  
(Signed) W. R. Hodges, M. D.

March 29, 1913 (Address) Cumberland, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ In the \_\_\_\_\_  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Where was disease contracted, \_\_\_\_\_  
If not at place of death? \_\_\_\_\_

Former or usual residence Fairhope, Pa.

17 PLACE OF BURIAL OR REMOVAL Fairhope Pa. DATE OF BURIAL March 29, 1913

18 UNDERTAKER Louis Stein ADDRESS Cumberland

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

B 10 RR

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

- (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mining, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., or ..... (name origin); "Can-  
cer" is less definite; avoid use of "Tumor" for malig-  
nant neoplasms); *Measles*; *Whooping cough*; *Chronic  
tricuspid heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Masculitis* (disease causing death), 29 d.;  
*Bronchopneumonia* (secondary), 10 d. Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Aatrophy,"  
"Collapse," "Coma," "Convulsions," "Dehility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mara-  
mus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "Puerperal septicæ-  
mia," "Puerperal peritonitis," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent deaths state means of injury and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspon-  
dence. All the data is essential and must be obtained before  
the certificate is permanently filed.

RECEIVED

APR 8 1910

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County..... Village or City.....		3018	STATE OF MARYLAND CERTIFICATE OF DEATH	
<i>alleg</i> <i>Cumberland</i>		(No. 4)	Registration Dist. No. 4	
			St. 1 Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <i>Peter G. Cowden</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>MARRIED</i>	16 DATE OF DEATH <i>March 16<sup>th</sup></i> , 1912 (Month) (Day) (Year)	
6 DATE OF BIRTH <i>Jan' 27</i>		(Month) (Day) (Year) <i>Jan' 27</i> , 1839	17 I HEREBY CERTIFY, That I attended deceased from <i>Feb 13<sup>th</sup></i> , 1912, to <i>March 14</i> , 1912, that I last saw him alive on <i>March 13<sup>th</sup></i> , 1912, and that death occurred on the date stated above, at <i>6:15</i> am. The CAUSE OF DEATH* was as follows:	
7 AGE <i>74 yrs. 1 mos. 16 ds.</i>	If LESS than 1 day, .... hrs. OR min. ?		<i>Stroke Lemaire</i>	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Treasurer for National Bank</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>National Bank</i>				
9 BIRTHPLACE (State or country) <i>Canada</i>				
10 NAME OF FATHER <i>John Cowden</i>				
11 BIRTHPLACE OF FATHER (State or country) <i>Scotland</i>				
12 MAIDEN NAME OF MOTHER <i>May a Firth</i>				
13 BIRTHPLACE OF MOTHER (State or country) <i>Scotland</i>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Mrs. P. G. Cowden</i>				
(Address) <i>Cumberland Md.</i>				
15 Filed <i>MAR 15 1912</i>				
REGISTRAR				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.				
MEDICAL CERTIFICATE OF DEATH				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.				
19 PLACE OF BURIAL OR REMOVAL <i>Rose Hill</i>				
DATE OF BURIAL <i>Mar 16, 1912</i>				
20 UNDERTAKER <i>Louis Green</i>				
ADDRESS <i>Cumberland</i>				

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.. *Carcin-*

oma

Surcoma

etc.

of

(name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Miasma," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1918

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County, <i>Allegany</i>		3019	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City, <i>Frostfliss</i> (No.)		Registration Dist. No. <i>11</i>		
2 FULL NAME <i>James Henry Darr</i>		St. Ward)		
<p>[If death occurred in a hospital or institution, give its NAME instead of street and number.]</p>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <i>March 28</i>	7 AGE <i>61 yrs. 4 mos. 27 ds.</i>	8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Coal Miner</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Coal Mining</i>	16 DATE OF DEATH <i>March 28</i>	(Month) (Day) (Year) <i>March 28 1913</i>
9 BIRTHPLACE (State or country) <i>Frostburg</i>	10 NAME OF FATHER <i>William Darr</i>	11 BIRTHPLACE OF FATHER (State or country) <i>Pennsylvania</i>	17 I HEREBY CERTIFY, That I attended deceased from <i>Jan 22</i> , 1913, to <i>March 28</i> , 1913. that I last saw him alive on <i>March 28</i> , 1913. and that death occurred on the date stated above, at <i>11 A.m.</i> . The CAUSE OF DEATH* was as follows: <i>Tuber Pneumonia</i>	(Duration) yrs. mos. ds.
12 MAIDEN NAME OF MOTHER <i>Dorcas Broadwater</i>	13 BIRTHPLACE OF MOTHER (State or country) <i>Maryland</i>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted. If not at place of death? Former or usual residence	Contributory (Secondary) <i>Interstitial nephritis</i>	(Duration) yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>William Darr Jr.</i>	19 PLACE OF BURIAL OR REMOVAL <i>Burial on ground</i>	DATE OF BURIAL <i>March 30, 1913</i>		
15 Filed <i>May 30 1913</i> <i>J. J. Marshall</i>	20 UNDERTAKER <i>William Trotter</i>	ADDRESS <i>Piedmont Wm.</i>		
If more blanks are needed, address State Regis. trar., 6 E. Franklin St., Balt., Requesting V. S. No. 1.				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mining, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc.. Carcin-

oma, Sarcoma, etc. of \_\_\_\_\_ (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "An-  
æmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Tremula," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Tubercular scirrhaceous," "Tubercular peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 3 1913

BUREAU, V.S.

## MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County Alleg

3020

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 9St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Six Mile House (No.)2 FULL NAME Barbara Davies

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
---------------------	------------------------------	---

## 6 DATE OF BIRTH

Aug 28, 1874  
(Month) (Day) (Year)

## 7 AGE

38 yrs. 7 mos. 16 ds.

If LESS than  
1 day, .... hrs.  
OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

Marie9 BIRTHPLACE  
(State or country)

## PARENTS

## 10 NAME OF FATHER

John W Thompson11 BIRTHPLACE OF FATHER  
(State or country)

## 12 MAIDEN NAME OF MOTHER

Sarah Elvira13 BIRTHPLACE OF MOTHER  
(State or country)Flintstone Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed May 15, 1913

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 14, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY. That I attended deceased from March 4, 1913 to Mar 14, 1913,

that I last saw her alive on Mar 10, 1913,

and that death occurred on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH\* was as follows:

I did not see deceased at death. She died quite suddenly, from desorption of her death by her husband and subsequent examination of urine. I would conclude that the cause of death was urimic toxæmia or convulsions.

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. Griffeth M.D.

Mar 16, 1913 (Address) Frostburg Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ In the \_\_\_\_\_  
of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence \_\_\_\_\_

## 19 PLACE OF BURIAL OR REMOVAL

Frostburg Md Mar 16, 1913

20 UNDERTAKER ADDRESS  
Jacob Hafer Frostburg

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

### Statement of occupation

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchomeumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seizure," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 16 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3021

County

alleg

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No.

(90)

Village or City

Cumberland

(No.)

140

Frederick

St.

4 Ward

2 FULL NAME

Eliza Davis

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Widow

6 DATE OF BIRTH

Mar 7, 1846

(Month)

(Day)

(Year)

7 AGE

69 yrs. - mos. 22 ds.

If LESS than  
1 day, ... hrs.  
OR min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

None

9 BIRTHPLACE  
(State or country)

Ind.

PARENTS

10 NAME OF  
FATHER

Do not know

11 BIRTHPLACE  
OF FATHER  
(State or country)

" "

12 MAIDEN NAME  
OF MOTHER

Mary Davis

13 BIRTHPLACE  
OF MOTHER  
(State or country)

D. K.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Mrs. E. J. Rhodes  
(Informant)

(Address)

Frederick St.

15 MAR 31 1913

Filed 1913

F. Wainright

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 29, 1913

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1913 to Mar. 29, 1913, that I last saw her alive on Mar. 29th, 1913, and that death occurred on the date stated above, at 9:27 A.M. The CAUSE OF DEATH\* was as follows:

Chronic Bronchitis

(Duration) yrs. 6 mos. 29 ds.

Pulmonary Hemorrhage

(Duration) yrs. 2 d. ds.

(Signed) J. J. Gough, M. D.  
Mar. 31, 1913. (Address) 1042 Melba

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. to the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence.

19 PLACE OF BURIAL OR REMOVAL

Summer Cemetery

DATE OF BURIAL

Mar. 31, 1913

20 UNDERTAKER

Loris Stein

ADDRESS

Baltimore

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

oma

"Sarcoma, etc., of \_\_\_\_\_" (name origin; "Cap-  
sular neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Scrofula," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septic-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 8 1918

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County..... Village or City.....		3022	STATE OF MARYLAND CERTIFICATE OF DEATH	
Alleg		(28)	Registration Dist. No. 4 St. 6 Ward)	
Cumberland (No. 323, Ark)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME. Clara Alice Dick				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married	16 DATE OF DEATH m. h. 19, 1913 (Month) (Day) (Year)	
6 DATE OF BIRTH Sept 28, 1880		(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1913, to March 19, 1913, (Month) (Day) (Year)	
7 AGE 32 yrs. 5 mos. 21 ds.		If LESS than 1 day, hrs. OR min. ?	that I last saw her alive on March 19, 1913, and that death occurred on the date stated above, at 6:45 m.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife		The CAUSE OF DEATH* was as follows: Tuberculosis		
(b) General nature of industry, business, or establishment in which employed (or employer)				
9 BIRTHPLACE (State or country) W. Va.		(Duration) 2 yrs. mos. ds.		
10 NAME OF FATHER Larry Hanesote		Contributory (Secondary) Exhauast		
11 BIRTHPLACE OF FATHER (State or country) W. Va.		(Duration) yrs. mos. ds.		
12 MAIDEN NAME OF MOTHER Mary Spring		(Signed) Thos. W. Ward, M. D.		
13 BIRTHPLACE OF MOTHER (State or country) W. Va.		W. Va., 1913 (Address) Cumberland Md.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Dick (Address) 223 Ark St.				
15 MAR 21 1913 Filed 1913 REGISTRAR				
16 PLACE OF BURIAL OR REMOVAL Oakmount Cemetery, 1913				
17 DATE OF BURIAL ADDRESS Louis Stein City				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.				

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

Approved by U. S. Census and American Public Health

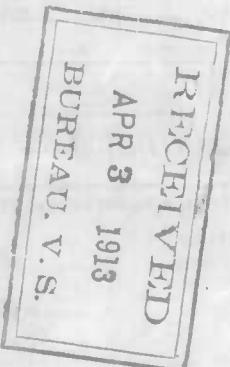
### Assumption.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "*Epidemic cerebrospinal meningitis*"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

*oma.*; *Sarcoma*, etc., or ..... (name origin: "can-  
cer" is less definite; avoid use of "Tumor" for malig-  
nant neoplasms); *Masles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Masles* (disease causing death), **29 d.**  
*Bronchopneumonia* (secondary), **10 d.** Never report  
more symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mara-  
inus," "Old Age," "Shock," "Tetraemin," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "Puerperal septic-  
mia," "Puerperal peritonitis," etc. State cause for  
which surgical operation was undertaken. For vo-  
lENT DEATHS state MEANS OF INJURY and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railroad train—acci-  
dent*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e.g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH  
County..... Allegany

3023

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 11

Village or City Vale Summit No.

St; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Drum

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M	4 COLOR OR RACE W	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
B DATE OF BIRTH Unknown		1827 (Month) (Day) (Year)
7 AGE 86 yrs. unknown mos.		If LESS than 1 day, hrs. OR min. ?

6 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Retired Miner  
 (b) General nature of industry, business, or establishment in which employed (or employer)

8 BIRTHPLACE  
(State or country) County Cavan—Ireland  
 10 NAME OF FATHER Patrick Drum  
 11 BIRTHPLACE OF FATHER (State or country) Ireland  
 12 MAIDEN NAME OF MOTHER Catherine McGee  
 13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs Ellen Drum  
 (Address) Vale Summit - Md.

15

Filed 191

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 31, 1913  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1912, to March 29, 1913, that I last saw him alive on March 29, 1913,

and that death occurred on the date stated above, at 145 a.m.,  
 The CAUSE OF DEATH\* was as follows:

Labor Pneumonia

(Duration) yrs. mos. H ds.  
 Contributory (Secondary) Disability

(Signed) George H. McHenry, M. D.  
 4/1, 1913 (Address) 2810 1/2 E. 30th St., Md.

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Michael's Cemetery 4/2, 1913  
 DATE OF BURIAL

20 UNDERTAKER Durst ADDRESS Frostburg, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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*oma, Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 2 1913

BUREAU, V. S.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal fever* (the only definite synonym is "*Cerebrospinal meningitis*"); *Diphtheria* (avoid use of "*Croup*"); *Typhoid fever* (never report "*Typhoid pneumonia*"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture or skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3025

County BaltimoreSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 3Village or City Spring Gap (No. Spring Gap)St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Emerson Parkman Durfee

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)MaleWhiteSingle

6 DATE OF BIRTH

March 3, 1913  
(Month) (Day) (Year)

7 AGE

<u> </u> yrs.	<u> </u> mos.	<u> </u> ds.	If LESS than
<u> </u> yrs.	<u> </u> mos.	<u> </u> ds.	1 day, .... hrs.
<u> </u> yrs.	<u> </u> mos.	<u> </u> ds.	OR min.?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)NoneMo

PARENTS

10 NAME OF FATHER

John H. Durfee11 BIRTHPLACE OF FATHER  
(State or country)Va

12 MAIDEN NAME OF MOTHER

Mary Stunt13 BIRTHPLACE OF MOTHER  
(State or country)Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. H. Durfee(Address) Lansdowne Land Md

15

Filed Mar. 10, 1913 by Bob Bradbury

Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 8, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

 , 1913, to  , 1913,that I last saw him alive on March 3, 1913,and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH\* was as follows:

Pneumonia

(Duration) — yrs. — mos. — ds.

Contributory  
(Secondary)Personal habits

(Duration) — yrs. — mos. — ds.

(Signed)

Mch. 10, 1913. (Address) Alaska Ave.

M. D.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Spring Gap

20 UNDERTAKER

Lewis Stein

DATE OF BURIAL

Mar. 9, 1913

ADDRESS

Lansdowne

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

American Public Health

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc.. *Carcin-*oma, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Cap-  
zer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Farr-mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 4 1913

FEDERAL BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH  
County *Allegany*

3026

Village or City *National* (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 12

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *John Ewing*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>MARRIED</i> (Write the word)
-------------------	------------------------------	--

6 DATE OF BIRTH <i>April 14, 1862</i>		
(Month) <i>April</i>	(Day) <i>14</i>	(Year) <i>1862</i>

7 AGE <i>50 yrs. 11 mos. 5 ds.</i>	if LESS than 1 day, .... hrs. OR min. ?
------------------------------------	--

8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Soft Coal mining</i>
(b) General nature of industry, business, or establishment in which employed (or employer) <i>Consolidation Coal Co.</i>

9 BIRTHPLACE (State or country) <i>Scotland</i>
--

10 NAME OF FATHER <i>Robert Ewing</i>
---------------------------------------

11 BIRTHPLACE OF FATHER (State or country) <i>Scotland</i>
---

12 MAIDEN NAME OF MOTHER <i>Isabella McClellan</i>
--

13 BIRTHPLACE OF MOTHER (State or country) <i>Scotland</i>
---

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) <i>Mrs John Ewing</i>
---

(Address) <i>National Ma-</i>
-------------------------------

15 Filed <i>March 20 1913</i> <i>F.H. Charles MD</i>
--

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 19, 1913*  
(Month) *March* (Day) *19* (Year) *1913*

17 I HEREBY CERTIFY, That I attended deceased from *March 12, 1913*, to *March 19, 1913*, that I last saw him alive on *March 19, 1913*,

and that death occurred on the date stated above, at *4<sup>53</sup> P.M.*

The CAUSE OF DEATH\* was as follows: *Injures in mine - Bruised wound of left knee followed by suppuration and septic infection about* (Duration) *mos. 17 ds.*

Contributory Secondary *Syphemia* (Duration) *mos. 7 ds.*

(Signed) *James O'Byrlock*, M. D.  
March 20 1913 (Address) *Bonaconing Md.*

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death *yrs. mos. ds.* In the State *yrs. mos. ds.*

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *McKee's Cemetery Frostburg* DATE OF BURIAL *March 21, 1913*

20 UNDERTAKER *Jacob Hafner* ADDRESS *Frostburg Md.*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cercospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc., *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Athetism," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 4 1913

BUREAU, V. S.

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**1 PLACE OF DEATH** 3027  
 County: Allegheny (No. 5)  
 Village or City: Frostburg

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 13

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** No Name Filsoy

## PERSONAL AND STATISTICAL PARTICULARS

**3 SEX** Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
 (Write the word)

**6 DATE OF BIRTH** Mar. 24, 1913  
 (Month) (Day) (Year)

**7 AGE**  
 yrs. 8 mos. 8 ds. If LESS than  
 1 day, \_\_\_\_ hrs.  
 OR min. ?

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)

**9 BIRTHPLACE**  
 (State or country) Frostburg, Md

**10 NAME OF FATHER** John Filsoy

**11 BIRTHPLACE OF FATHER** (State or country) Border Shaft

**12 MAIDEN NAME OF MOTHER** Jessie Evans

**13 BIRTHPLACE OF MOTHER** (State or country) Midlothian, Md

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

Informant: Mother  
 (Address) Frostburg, Md

Filed: 1911

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** Mar. 24, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1913, to Mar. 24, 1913, that I last saw her alive on dead Mar. 24, 1913,

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Due to the mother hurting her self lifting a Boiler of Water on the stove (Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) Dr. G. L. Whynner, M. D.  
 Mar. 24, 1913. (Address) Midlothian

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL**

Frostburg, Mar. 24, 1913.

**20 UNDERTAKER**

M. J. Gove, Frostburg

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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"cer" is less frequent than "use of "Tumor", for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Ochronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), **20 d.**; *Bronchopneumonia* (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Træmnia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 18 1913

BUREAU, V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

COUNTY CITY OR TOW. Name in Full	MARYLAND STATE			STATE	COUNTY and give nearest town)
HOS. INST. STR.	Died at Town	Ellen Foster	County	CERTIFICATE OF DEATH	MARYLAND
3. NAME DECE (Type)	Date of death 1903 March	Month 4	Day	Age 70	Months Days
5. SEX:	Sex Female	Color or Race	White	Birth- place	(Year) 19
10a. USU wor ever	Married, Single or Widowed	Occupation			EAR IF UNDER 24 HRS. Lys Hours Min.
13. FATH ER'S NAME	Single			House	CITIZEN OF WHAT COUNTRY?
15 WAS (Yes, no)	Name of Wife or Husband				
	Father's Name George Foster				Father's Birthplace England
	Mother's Maiden Name Mary Ann Lecker				Mother's Birthplace France
	Name of person giving Information	Aloch Foster			How related to deceased

## CAUSES OF DEATH

1. DIS IM AN Dis giv sta PHYSICIAN OR CORONER	Primary Infirmitatis of old age	How long	Interval Between Onset And Death
	Immediate Light attack of Claustr	30-4 days	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John S. Watson	
11. OTH Cond relat	Address		
19a. DAT	Accident or Suicide?		

LIBRARY BUREAU ADDRESS

## 20. AUTOPSY ?

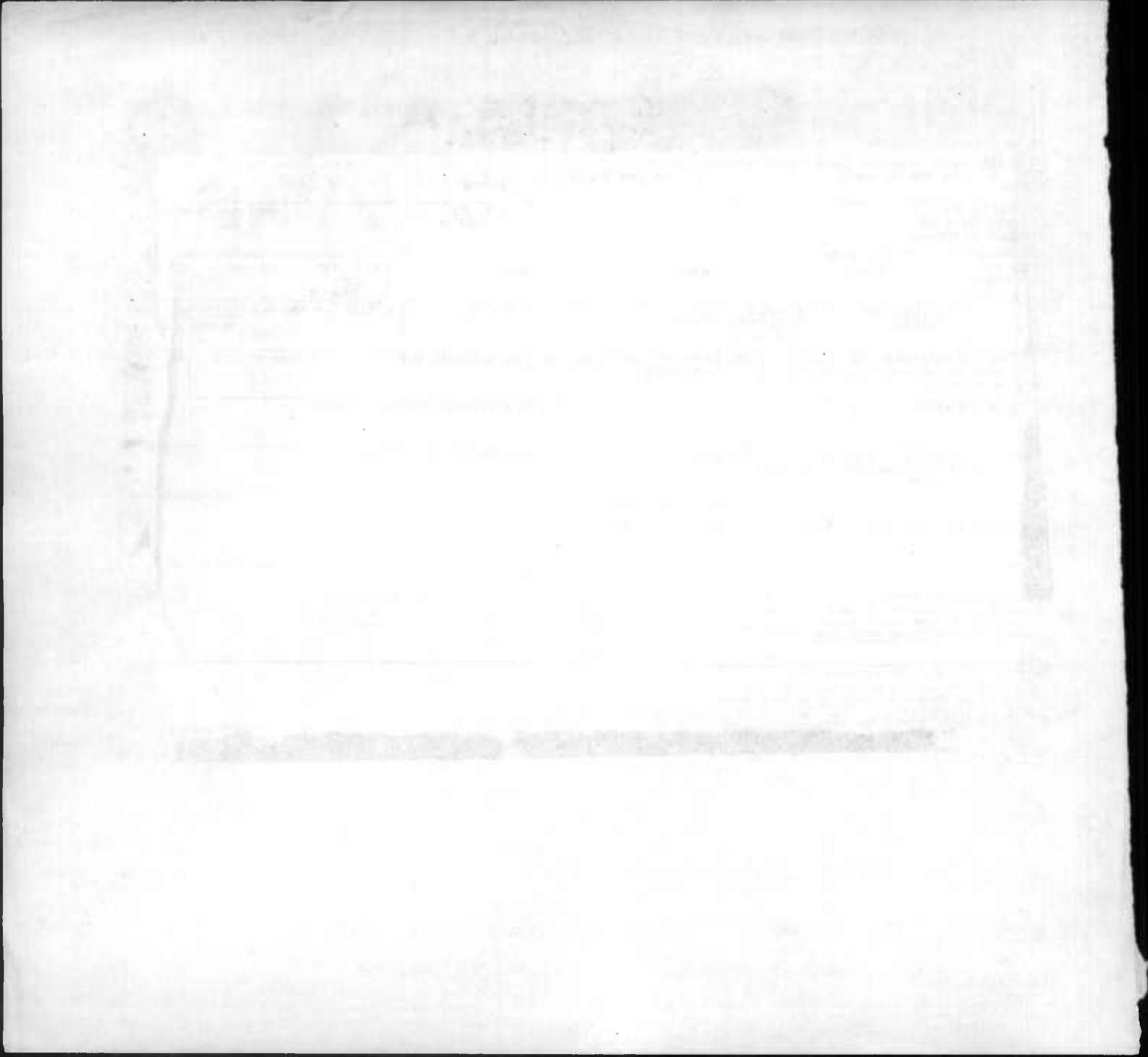
Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased alive on 19....., and that death occurred at ..... from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORI	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		



## MARGIN RESERVED FOR BINDING

V. S. No. 1.

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1 PLACE OF DEATH

3028

County AlleySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 9Village or City Frostbury (No.)St. Ward)2 FULL NAME Lewis Gey Gehauf

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
----------------	--------------------------	--

6 DATE OF BIRTH 7 8618, 1852  
(Month) (Day) (Year)7 AGE 59yrs. — mos. 16 ds.If LESS than  
1 day, ... hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer) Shoemaker9 BIRTHPLACE  
(State or country) Ind

PARENTS

10 NAME OF FATHER John Gehauf11 BIRTHPLACE OF FATHER  
(State or country) Germany12 MAIDEN NAME OF MOTHER Margrett13 BIRTHPLACE OF MOTHER  
(State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Gehauf(Address) Frostbury

15

Filed

Mar 1, 1913

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 6, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

—, 191—, to —, 191—

that I last saw h — alive on —, 191—

and that death occurred on the date stated above, at 10<sup>1</sup> m.

The CAUSE OF DEATH\* was as follows:

Gophery(Duration) 5 yrs. ... mos. ... ds.Contributory  
(Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) John Gehauf, M. D.Mar 7, 1913 (Address) Frostbury

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ yrs. ... mos. ... ds. In the State \_\_\_\_\_ yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Frostbury Ind DATE OF BURIAL Mar 8, 191320 UNDERTAKER J. Taylor

ADDRESS

Frostbury

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæma*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nonmedical practice of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 16 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH**

County Allegany

3029

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 4

Village or City Near Cumberland (No.)

68  
County Home

St: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME**

George Grablinski

PERSONAL AND STATISTICAL PARTICULARS

**3 SEX**

Male

**4 COLOR OR RACE**

White

**5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED**

MARRIED  
(Write the word)

**6 DATE OF BIRTH**

Ukunum, 1  
(Month) (Day) (Year)

**7 AGE**

55

yrs. mos. ds.

if LESS than  
1 day, hrs.  
OR min. ?

**8 OCCUPATION**

(a) Trade, profession, or  
particular kind of work.

Miner

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

Coal miner

**9 BIRTHPLACE**

(State or country)

Mayland

**PARENTS**

**10 NAME OF FATHER**

Ukunum

**11 BIRTHPLACE OF FATHER**  
(State or country)

Ukunum

**12 MAIDEN NAME OF MOTHER**

Ukunum

**13 BIRTHPLACE OF MOTHER**  
(State or country)

Ukunum

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

J. H. Wilson

(Address)

Cumberland, Md

**15**

MAR 10 1913  
FILED

F. E. Burroughs

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH**

March 10, 1913  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from**

Jan 1, 1912, to March 10, 1913  
that I last saw him alive on March 1, 1913

and that death occurred on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH\* was as follows:

Dementia praecox.

(Duration) 13 yrs. mos. ds.

Contributory  
(Secondary)

Dysentery

(Duration) yrs. mos. ds.

(Signed) J. H. Wilson, M. D.  
March 10, 1913. (Address) Cumberland, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place in the  
of death 3 yrs. mos. ds. State 1 yrs. mos. ds.

Where was disease contracted,  
if not at place of death? Frostburg, Md.

Former or  
usual residence " "

**19 PLACE OF BURIAL OR REMOVAL**

Frostburg Mar. 10, 1913

DATE OF BURIAL

**20 UNDERTAKER**

Jacob Hager Frostburg

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal minc.*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the **disease causing death** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

**oma**, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 ds.**; *Pneumochoracumonia* (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Drowsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
APR 3 1913  
BUREAU. V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County..... <i>Alleg</i>		3030 <i>108</i>	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City..... <i>Cumberland</i>		(No.) <i>Alleg Hosp.</i>	Registration Dist. No. <i>4</i>	St.; Ward)
2 FULL NAME <i>Richard Bruce Groves</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <i>July 23, 1906</i>		(Month) (Day) (Year)	16 DATE OF DEATH <i>Mar 7, 1913</i>	(Month) (Day) (Year)
7 AGE <i>6 yrs. 7 mos. 14 ds.</i>	IT LESS THAN 1 day, ..... hrs. OR min. ? <i>None</i>		17 I HEREBY CERTIFY, That I attended deceased from <i>Mar 6, 1913</i> to <i>Mar 7, 1913</i> , that I last saw him alive on <i>Mar 6, 1913</i> , and that death occurred on the date stated above, at <i>5 P.M.</i> The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>None</i> (b) General nature of industry, business, or establishment in which employed (or employer)	<i>Aritonitis from ruptured appendicitis abscess</i> (Duration) yrs. mos. ds.			
9 BIRTHPLACE (State or country) <i>Pa.</i>	Contributory (Secondary)			
10 NAME OF FATHER <i>George Groves</i>	(Signed) <i>James J. Johnson</i> , M.D. <i>Mar 9, 1913</i> (Address) <i>Cumberland, Md.</i>			
11 BIRTHPLACE OF FATHER (State or country) <i>Pa.</i>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
12 MAIDEN NAME OF MOTHER <i>Sarah Cross</i>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. <i>1/2</i> ds. In the State yrs. mos. <i>1/2</i> ds. Where was disease contracted, if not at place of death? <i>at Garrett, Pa.</i>			
13 BIRTHPLACE OF MOTHER (State or country) <i>Pa.</i>	Former or usual residence <i>Garrett, Pa.</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) <i>Geo. Groves.</i>	19 PLACE OF BURIAL OR REMOVAL <i>Garrett, Pa.</i> DATE OF BURIAL <i>Mar 7, 1913</i>			
(Address) <i>Garrison</i>	20 UNDERTAKER <i>Louis Stein</i> ADDRESS <i>City</i>			
MAR 7 1913 FBI	✓ If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.			

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin: "Cap-tor" is less definite; a void use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH County <i>Alleg</i>		3031	STATE OF MARYLAND CERTIFICATE OF DEATH	
		<i>160</i>	Registration Dist. No. <i>4</i>	
Village or City <i>Cumberland</i> (No. <i>101 Madison</i> )		St. <i>Ward</i> )		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <i>John W. Haller</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>married</i>	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <i>Aug 6 1848</i>		16 DATE OF DEATH <i>Mar. 8, 1913</i>		
(Month) (Day) (Year)		(Month) (Day) (Year)		
7 AGE <i>63 yrs. 7 mos. 1 ds.</i>	17 I HEREBY CERTIFY, That I attended deceased from <i>October 1<sup>st</sup>, 1912, to March 8<sup>th</sup>, 1913,</i>			
11 LESS than 1 day, ... hrs. OR min. ?		that I last saw him alive on <i>March 8<sup>th</sup>, 1913</i>		
8 OCCUPATION (a) Trade, profession, or particular kind of work... <i>Watchman</i>		and that death occurred on the date stated above, at <i>12:45 P.M.</i> The CAUSE OF DEATH* was as follows:		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>RR Crossing</i>		<i>Paralysis</i>		
9 BIRTHPLACE (State or country) <i>MD</i>		(Duration) <i>~ yrs. 2 mos. ~ ds.</i>		
10 NAME OF FATHER <i>W.H. Haller</i>		Contributory (Secondary) <i>Bright's Disease</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>MD</i>		(Duration) <i>~ yrs. ~ mos. ~ ds.</i>		
12 MAIDEN NAME OF MOTHER <i>Mary A. Miller</i>		(Signed) <i>Dr. J. H. Haller</i> , M.D. <i>March 9, 1913.</i> (Address) <i>Cumberland</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>MD</i>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI- DENTAL, SUICIDAL, or HOMICIDAL.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Wm. J. Haller</i>				
(Address) <i>101 Madison Ave</i>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
15 Filed <i>MAP 10 1913</i>		At place _____ In the _____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds.		
		Where was disease contracted, If not at place of death?		
		Former or usual residence _____		
19 PLACE OF BURIAL OR REMOVAL <i>Rose Hill Cem</i>		DATE OF BURIAL <i>Mar 10, 1913</i>		
20 UNDERTAKER <i>F. J. Daugherty</i>		ADDRESS <i>Louis Stear City</i>		

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The "material" worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.* *Carcin-*

oma

er" is less definite; avoid use of "Tumor" or malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mosques* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As-thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Mara-nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and QUALITY AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR AS PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 8 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Allegany

3032

1012

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Cumberland (No. Allegany Hos. St. 3 Ward)\* FULL NAME Catherine G. Hankinson

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	6 DATE OF BIRTH
Female	White	Single	Dec 19, 1892
		If LESS than 1 day, ____ hrs. OR ____ min. ?	(Month) (Day) (Year)
7 AGE		20 yrs. 2 mos. 23 ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work..... none			
(b) General nature of industry, business, or establishment in which employed (or employer)..... at Home.			
9 BIRTHPLACE (State or country) Pa			
10 NAME OF FATHER Mathew Hankinson			
11 BIRTHPLACE OF FATHER (State or country) Pa			
12 MAIDEN NAME OF MOTHER Margaret Tilly			
13 BIRTHPLACE OF MOTHER (State or country) Pa			

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Edith Hankinson  
(Address) New Baltimore, Pa

15 MAR 14 1913 H. Vaughan  
Filed

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 14, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 6, 1913, to Mar 14, 1913,

that I last saw him alive on Mar 14, 1913

and that death occurred on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:

Gastric Ulcer

(Duration) 4 yrs. — mos. — ds.  
Contributory (Secondary) Post-Gastric Gastrectomy

(Duration) — yrs. — mos. — ds.  
(Signed) A. L. Sampson, M. D.

Mar 14, 1913 (Address) Cumberland, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ to the \_\_\_\_\_  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

Where was disease contracted, \_\_\_\_\_  
If not at place of death, \_\_\_\_\_ New Baltimore, Pa

Former or usual residence, \_\_\_\_\_ New Baltimore, Pa

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

New Baltimore Mar 15, 1913

20 UNDERTAKER ADDRESS

J. W. Stein Cumberland

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcin-*

oma

Surcoma

etc.

or \_\_\_\_\_ (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malig-  
nant neoplasms); *Measles*; *Whooping cough*; *Chro-  
nic valvular heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "An-  
thema," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicar-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

\* PLACE OF DEATH  
County Alleg

3033

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Cumberland (No. 54 Polk

\* FULL NAME Marguerite A. Heinrich

## PERSONAL AND STATISTICAL PARTICULARS

<sup>3</sup> SEX Female <sup>4</sup> COLOR OR RACE White <sup>5</sup> SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Write the word)

<sup>6</sup> DATE OF BIRTH

July 13, 1832  
(Month) (Day) (Year)

<sup>7</sup> AGE 80 yrs. 6 mos. 18 ds. If LESS than  
1 day, \_\_\_\_ hrs.  
OR min. ?

<sup>8</sup> OCCUPATION

(a) Trade, profession, or particular kind of work... Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) at Home

<sup>9</sup> BIRTHPLACE  
(State or country)Germany<sup>10</sup> NAME OF FATHERDo not know<sup>11</sup> BIRTHPLACE OF FATHER  
(State or country)Germany<sup>12</sup> MAIDEN NAME OF MOTHERDo not know<sup>13</sup> BIRTHPLACE OF MOTHER  
(State or country)Germany<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE(Informant) Robert L. Kifer(Address) Cumberland Md<sup>15</sup> MAR 3 1913 191  
Filed F. Young Jr.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

<sup>16</sup> DATE OF DEATH March 10, 1913  
(Month) (Day) (Year)

<sup>17</sup> I HEREBY CERTIFY, That I attended deceased from Nov 29th, 1912, to March 10, 1913,  
that I last saw her alive on March 10, 1913,  
and that death occurred on the date stated above, at 8 A.M.  
The CAUSE OF DEATH\* was as follows:

old age in shape  
(Duration) yrs. 8 mos. 0 ds.

Contributory... Cerebral Hemorrhage  
(Secondary) Concussion  
(Duration) yrs. 3 mos. 0 ds.

(Signed) John C. Kifer M. D.  
March 10, 1913 (Address) Cumberland Md  
(Address) Cumberland Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

<sup>18</sup> LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_  
Where was disease contracted, \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

If not at place of death? \_\_\_\_\_  
Former or usual residence: \_\_\_\_\_

<sup>19</sup> PLACE OF BURIAL OR REMOVAL Old Town Md DATE OF BURIAL March 10, 1913  
ADDRESS City

<sup>20</sup> UNDERTAKER Louis Stein ADDRESS City

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

B.T.O.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.; Carcin-

oma, Sarcoma, etc., of (name origin); "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
nus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Postpartal septicemia," "Postpartal puerperitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

3034

County AlleganySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City Burton (No. Allegany St) St.: Ward)2 FULL NAME Ensi F Henry

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)single

6 DATE OF BIRTH

Aug 14, 1890  
(Month) (Day) (Year)

7 AGE

22 yrs. 6 mos. 16 ds.If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)

BrakemanRail Road9 BIRTHPLACE  
(State or country)W. Va

PARENTS

10 NAME OF FATHER

Riley Henry11 BIRTHPLACE OF FATHER  
(State or country)W. Va

12 MAIDEN NAME OF MOTHER

Laura V Brock13 BIRTHPLACE OF MOTHER  
(State or country)Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Riley Henry(Address) 28 Grand ave

15

MAR 6 1913  
Filed

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 5, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

191\_\_\_\_, to 191\_\_\_\_

that I last saw h \_\_\_\_\_ alive on 191\_\_\_\_

and that death occurred on the date stated above, at 12 a.m.

The CAUSE OF DEATH\* was as follows:

Crushed pelvis + thighsRail Road accident.

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory  
(Secondary)

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Wm. H. Shaw - Coroner, M. D.  
March 6, 1913. (Address) Lake Cumberland, Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, if not at place of death? near CumberlandFormer or usual residence Cumberland, Md.

19 PLACE OF BURIAL OR REMOVAL

Berkley Dr W. Va Mar 7, 1913

20 UNDERTAKER

Louis Steen ADDRESS City

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

B10.

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

Approved by U. S. Census and American Public Health

### **ASSOCIATION.]**

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Servant*, *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

*oma.* *Sarcoma.* etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles;* *Whooping cough;* *Chronic valvular heart disease;* *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchomycetoma* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Miasma," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia,*" "*Puerperal peritonitis,*" etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning;* *Struck by railway train—accident;* *Recover wound of head—homicide;* *Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disability causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

RECEIVED

APR 3 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <u>Allegany</u>		3035	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <u>Gumbelands</u> (No. 16 Flat)		(5)	Registration Dist. No. <u>4</u>	
2 FULL NAME <u>Siebold Hensel</u>		St. 1 Ward)		
[If death occurred in a hospital or institution, give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <u>Mar 29, 1913</u>		16 DATE OF DEATH <u>March 29, 1913</u>		
(Month) (Day) (Year)		(Month) (Day) (Year)		
7 AGE <u>— yrs. — mos. — ds.</u>		If LESS than 1 day, ____ hrs. OR ____ min. ?		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u>				
9 BIRTHPLACE (State or country) <u>Md</u>				
10 NAME OF FATHER <u>Alonzo Hensel</u>				
11 BIRTHPLACE OF FATHER (State or country) <u>Md</u>				
12 MAIDEN NAME OF MOTHER <u>Bessie Hague</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>Md</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Alonzo Hensel</u> (Address) <u>Gumbelands Md</u>				
15 Filed P.R. I 10181				
REGISTRAR <u>H. Vaughan</u>				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.				
17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h. _____ alive on _____, 191____, and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:				
<u>Still Born</u>				
(Duration) yrs. mos. ds.				
Contributory (Secondary)				
(Duration) yrs. mos. ds.				
(Signed) <u>Wm. H. Shaw</u> , Coroner, M. D. March 30, 1913 (Address) <u>Gumbelands Md</u>				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI- DENTAL, SUICIDAL, OR HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. to the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.				
19 PLACE OF BURIAL OR REMOVAL <u>Rose Hill Cem</u> DATE OF BURIAL <u>Apr 2, 1913</u>				
20 UNDERTAKER <u>Louis Stein</u> ADDRESS <u>City</u>				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Hauskeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

oma

*Surcoma*, etc., of (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchoneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "An-  
æmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septic-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIO-  
LENCE DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR AS PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 3 1913

BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH County <u>Allegany</u>		3036	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City <u>Pinkland</u> (No. <u>105</u> )			150	Registered No. <u>4</u>	
Street <u>6 Fifth</u>			St; <u>6</u> Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Baby Hervig</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>	MEDICAL CERTIFICATE OF DEATH		
6 DATE OF BIRTH <u>✓ March 12, 1913</u> (Month) (Day) (Year)		16 DATE OF DEATH <u>March 12, 1913</u> (Month) (Day) (Year)			
7 AGE <u>— yrs. — mos. — ds.</u>		17 I HEREBY CERTIFY, That I attended deceased from <u>March 12, 1913</u> , to <u>March 12, 1913</u> , that I last saw him alive on <u>March 12, 1913</u> , and that death occurred on the date stated above, at <u>7 a.m.</u> . The CAUSE OF DEATH* was as follows:			
8 OCCUPATION <u>None</u> (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u>		<u>Congenital Heart disease</u> 3 months (Duration) yrs. mos. ds.			
9 BIRTHPLACE (State or country) <u>Allegany Co Md</u>		Contributory (Secondary) <u>O. L. Owen</u> , M. D. (Signed) <u>March 12, 1913</u> (Address) <u>Pinkland Md</u>			
PARENTS 10 NAME OF FATHER <u>F J Hervig</u>		*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
11 BIRTHPLACE OF FATHER (State or country) <u>Pa</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place _____ to the _____ of death yrs. mos. ds. State yrs. mos. ds.			
12 MAIDEN NAME OF MOTHER <u>Mae Dressler</u>		Where was disease contracted, if not at place of death? Former or usual residence.			
13 BIRTHPLACE OF MOTHER (State or country) <u>W Va</u>		19 PLACE OF BURIAL OR REMOVAL <u>Rose Tree Cem.</u> DATE OF BURIAL <u>Mar 13, 1913</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>F J Hervig</u>		20 UNDERTAKER <u>Louis Steuer</u> ADDRESS <u>City</u>			
(Address) <u>105 Fifth st</u>					
15 MAR 13 1913 Filed <u>F J Hervig</u>					
REGISTRAR					
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.					

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin); "*Cancer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Traæmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, *suicidal*, or *homicidal*, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture or skull, and consequences (e. g., *synæsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

3037

(150)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

County AlleghenyVillage or City Cumberland (No. 27 S. I. lot)St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Infant of W.R. Hodges

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, <input checked="" type="checkbox"/> MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Write the word)
<u>Male</u>	<u>white</u>	<u>Single</u>

6 DATE OF BIRTH	<u>March</u>	<u>9</u>	<u>, 1913</u>
	(Month)	(Day)	(Year)

7 AGE	<u>..... yrs.</u>	<u>..... mos.</u>	<u>..... ds.</u>	11 LESS than 1 day <u>4</u> hrs. OR min. ?
-------	-------------------	-------------------	------------------	--

8 OCCUPATION	<u>Infant</u>
(a) Trade, profession, or particular kind of work	<u>none</u>
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>none</u>

9 BIRTHPLACE (State or country)	<u>Maryland</u>
------------------------------------	-----------------

10 NAME OF FATHER	<u>W. R. Hodges</u>
-------------------	---------------------

11 BIRTHPLACE OF FATHER (State or country)	<u>Vermont</u>
---	----------------

12 MAIDEN NAME OF MOTHER	<u>Mary Kliver</u>
--------------------------	--------------------

13 BIRTHPLACE OF MOTHER (State or country)	<u>Penna.</u>
---	---------------

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	<u>W. R. Hodges</u>
---	---------------------

(Address)	<u>Cumberland, Md.</u>
-----------	------------------------

15 MAR 10 1913 Filed.	<u>F. W. Vaughan</u>
--------------------------	----------------------

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 9  
(Month) 1913 (Day) 1913 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1913, to Mar. 9, 1913, that I last saw him alive on Mar. 9, 1913, and that death occurred on the date stated above, at 7-20 P.M. The CAUSE OF DEATH\* was as follows:

New Closure Forum  
Oval (Bear Baby)

(Duration) 4 or 5 hours  
Contributory (Secondary) ..... yrs. ..... mos. ..... ds.

(Operation) ..... yrs. ..... mos. ..... ds.  
(Signed) A. H. Hawkins, M. D.  
Mc 10, 1913 (Address) Cumberland

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

Rose Hill  
20 UNDERTAKER J. Waldford  
ADDRESS City

DATE OF BURIAL Mar 10, 1913

# REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

11

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**STATEMENT OF CAUSE OF DEATH**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.* *Carcin-*

"ter" is less definite; avoid use of "Tumor" for malignant neoplasms); **Measles**; **Whooping cough**; **Chronic valvular heart disease**; **Chronic interstitial nephritis**, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: **Measles** (disease causing death), 29 da.; **Bronchopneumonia** (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Anæsthesia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "**Tuberous septicemia**," "**Tuberous peritonitis**," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning**; **Struck by railway train**—accident; **Revolver wound of head**—homicide; **Poisoned by carbolic acid**—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., **sepsis**, **tetanus**) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
APR 9 1913  
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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<b>1 PLACE OF DEATH</b>		3038	<b>STATE OF MARYLAND CERTIFICATE OF DEATH</b>		
County <i>Hagerstown</i>		Registration Dist. No. <i>4</i>			
Village or City <i>Cumtowndale</i> (No. <i>18</i> )		St. <i>1</i> Ward)			
<b>2 FULL NAME</b> <i>Steel Born Hood</i>					
<b>PERSONAL AND STATISTICAL PARTICULARS</b>					
<b>3 SEX</b> <i>Male</i>	<b>4 COLOR OR RACE</b> <i>White</i>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <i>Singl</i> (Write the word)			
<b>6 DATE OF BIRTH</b> <i>March - 11</i>		(Month) (Day), (Year) <i>(Month) (Day), 1913</i>			
<b>7 AGE</b> <i>- yrs. - mos. - ds.</i>	It LESS than 1 day, <input type="checkbox"/> hrs. OR <input type="checkbox"/> min. ?				
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work. <i>None -</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>None -</i>					
<b>9 BIRTHPLACE</b> (State or country) <i>Cumtowndale Md</i>					
<b>10 NAME OF FATHER</b> <i>James T. Hood</i>					
<b>11 BIRTHPLACE OF FATHER</b> (State or country) <i>Parkersdale Co. Va</i>					
<b>12 MAIDEN NAME OF MOTHER</b> <i>Edna Lee Ley</i>					
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <i>Charlottesville Va</i>					
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <i>James T. Hood</i> (Address) <i>Cumtowndale Md</i>					
<b>15 MAR 12 1913</b> Filed <i>1913</i>					
<b>REGISTRAR</b>					
<b>MEDICAL CERTIFICATE OF DEATH</b>					
<b>16 DATE OF DEATH</b> <i>Mar 11</i> (Month) (Day), (Year) <i>(Month) (Day), 1913</i>					
<b>17 I HEREBY CERTIFY, That I attended deceased from</b> <i>, 1913, to , 1913,</i> that I last saw h..... alive on ....., 1913, and that death occurred on the date stated above, at ....., 1913. The CAUSE OF DEATH★ was as follows:					
<i>Steel born</i> (Duration) yrs. mos. ds.					
<b>Contributory (Secondary)</b> <i>M. D. Jameson</i> (Duration) yrs. mos. ds. (Signed) <i>3/12/13</i> (Address) <i>Cumtowndale Md</i> , M. D.					
★ State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b> At place of death yrs. mos. ds. In the State yrs. mos. ds.					
Where was disease contracted, if not at place of death?					
Former or usual residence.					
<b>19 PLACE OF BURIAL OR REMOVAL</b> <i>Rosewood Cemetery</i> DATE OF BURIAL <i>3/12 1913</i>					
<b>20 UNDERTAKER</b> <i>F. Baumgarten</i> ADDRESS <i>City</i>					

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.. *Carcin-*

oma

oma, *Surcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicar-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH		3039
County		alleg
Village or City		Cumberland (No. 93) Haley
2 FULL NAME		Stillborn. Howser
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	Single
6 DATE OF BIRTH		mar 22, 1913 (Month) (Day) (Year)
7 AGE	— yrs. — mos. — ds.	If LESS than 1 day, hrs. OR min. ?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)		
None		
9 BIRTHPLACE (State or country)		
md		
PARENTS		
10 NAME OF FATHER		
Earl Howser		
11 BIRTHPLACE OF FATHER (State or country)		
md		
12 MAIDEN NAME OF MOTHER		
Minnie Goff		
13 BIRTHPLACE OF MOTHER (State or country)		
md		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Jamie Goff (Address) 93 Haley St		
15 MAR 26 1913 Filed 45 Wm. H. Womack		
REGISTRAR		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH		March 22, 1913 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from March 22, 1913, to March 22, 1913,		
that I last saw him alive on Stillborn, 1913.		
and that death occurred on the date stated above, at m.		
The CAUSE OF DEATH* was as follows:		
Stillborn probably due to long confinement labor and forceps delivery		
(Duration)		yrs. mos. ds.
Contributory (Secondary)		
(Duration)		yrs. mos. ds.
(Signed) E. B. W. M. Mace, M. D. March 24, 1913. (Address) Cumberland		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
At place of death yrs. mos. ds. In the State yrs. mos. ds.		
Where was disease contracted, if not at place of death?		
Former or usual residence.		
18 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
Rose Tree Cem.		March 25, 1913
20 UNDERTAKER		ADDRESS
Lona Stees		City

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mining, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (*retired 6 yrs.*). For persons who have no occupation whatever, write None.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Cancer-

oma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.s.; Bronchopneumonia (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1918

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

3040

County Allegany

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 9

Village or City Frostburg (No. 173 Spring)

St: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME William R. Hughes

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH		March 13, 1913
		(Month) (Day) (Year)
7 AGE 14 yrs. 9 mos. 1 ds.		If LESS than 1 day, hrs. OR min. ?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Driver	
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery store	

9 BIRTHPLACE (State or country) Maryland	
--	--

10 NAME OF FATHER Griffith Hughes	
11 BIRTHPLACE OF FATHER (State or country) Wales Eng.	
12 MAIDEN NAME OF MOTHER Anna Rees	
13 BIRTHPLACE OF MOTHER (State or country) Maryland	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Griffith Hughes	
(Address) Frostburg Md	

15 Filed 3/18, 1913	1. Griffith
---------------------	-------------

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 17, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/14, 1913, to 3/17, 1913, that I last saw him alive on 3/17, 1913, and that death occurred on the date stated above, at 6 a.m. The CAUSE OF DEATH\* was as follows:

Diabetes (Convalescent)

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) T. Griffiths, M.D.  
3/17, 1913 (Address) Frostburg

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Frostburg

DATE OF BURIAL 3/19, 1913

20 UNDERTAKER J. Durat

ADDRESS Frostburg

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the DISEASE causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcinoma*. *Sarcoma*, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anesthesia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 16 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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**1 PLACE OF DEATH**  
County Terrapany

3041

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4

Village or City Burndale (No. 1 1/2 Wine St St.; 6 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME**Infant John

## PERSONAL AND STATISTICAL PARTICULARS

**3 SEX****4 COLOR OR RACE**

**5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED**  
(Write the word)

MaleWhiteSing**6 DATE OF BIRTH**

Feb 27, 1913  
(Month) (Day) (Year)

**7 AGE**

— yrs. — mos. — 4 ds.  
It LESS than  
1 day, .... hrs.  
OR ..... min. ?

**8 OCCUPATION**

- (a) Trade, profession, or particular kind of work..... none  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

**9 BIRTHPLACE  
(State or country)**MdS.B. JohnsonPa.**PARENTS****10 NAME OF FATHER****11 BIRTHPLACE OF FATHER  
(State or country)****12 MAIDEN NAME OF MOTHER****13 BIRTHPLACE OF MOTHER  
(State or country)****14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant)

(Address)

**15 MAR** 6 1918, 1918  
Filed

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH**

3 5, 1913  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from**

2/27, 1913, to 3/1, 1913,

that I last saw him alive on 3/1, 1913,

and that death occurred on the date stated above, at 11 A.M.,

The CAUSE OF DEATH\* was as follows:

Premature Birth

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

S.H. Wolfe, M. D.  
Obstetrical dead  
3/5, 1913 (Address)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL**Grounds.**20 UNDERTAKER**Tomis Stein

## DATE OF BURIAL

Mar 5, 1913

## ADDRESS

Comerica

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mining, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.. *Carcin-*

oma

*Surcoma*, etc., of \_\_\_\_\_ (name origin: "Cap-  
er" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), 29 ds.;  
*Bronchopneumonia* (secondary), 10 ds. Never report  
were symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mara-  
nus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Puerperal septic-  
mia*," "*Puerperal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent deaths state means of injury and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
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RECEIVED

APR 8 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

County Allegany

3042

64

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 8

Village or City Lonaconing (No.)

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Bernard Roating

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)married

6 DATE OF BIRTH

Feb 14, 1864  
(Month) (Day) (Year)

7 AGE

49 yrs. 1 mos. 13 ds.  
If LESS than  
1 day, .... hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)Miner,Coal mining,

9 BIRTHPLACE

(State or country)

Scotland

## PARENTS

10 NAME OF FATHER

Bernard Roating

11 BIRTHPLACE OF FATHER

(State or country)

Scotland

12 MAIDEN NAME OF MOTHER

(State or country)

Maryast ColemanScotland

13 BIRTHPLACE OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(informant)

Bernard Roating

15

(Address)

Lonaconing

Filed

March 29, 1913 J. D. Gullock

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 27, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from  
6 P.M. March 27, 1913, to 11:50 P.M. Mar 27, 1913,that I last saw him alive on March 27, 1913,and that death occurred on the date stated above, at 11:50 P.M.  
The CAUSE OF DEATH\* was as follows:Central nervous systemabout six hours  
(Duration) yrs. mos. ds.Contributory  
Secondary18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
(Signed) W. B. Skilling, M. D.March 27, 1913. (Address) Lonaconing

\* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

At place yrs. mos. ds. In the  
of death yrs. mos. ds. State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or  
usual residence.19 PLACE OF BURIAL OR REMOVAL  
St. Mary's Cemetery20 UNDERTAKER  
A. Speir & Co.DATE OF BURIAL  
March 31, 1913ADDRESS  
Lonaconing

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

*oma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1918
BUREAU, V. S.



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

oma

Surcoma

etc.

of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Miascos* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 3 1913

BUREAU V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

3044

County alleganySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City Cumberland (No allegany Hospital) St. \_\_\_\_\_ Ward) 4

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs Julia T. Lehman

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
---------------------	------------------------------	---

B DATE OF BIRTH <u>April</u> - <u>1894</u>		(Month) (Day) (Year)
--	--	----------------------

7 AGE <u>18 yrs. 11 mos. - 0 ds.</u>	If LESS than 1 day, ____ hrs. OR ____ min. ?
--------------------------------------	---

8 OCCUPATION <u>None</u>	
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer).	

9 BIRTHPLACE (State or country) <u>Pa</u>	
---	--

10 NAME OF FATHER <u>John Lehman</u>	
--------------------------------------	--

11 BIRTHPLACE OF FATHER (State or country) <u>Pa</u>	
--	--

12 MAIDEN NAME OF MOTHER <u>Louisa Mowry</u>	
--	--

13 BIRTHPLACE OF MOTHER (State or country) <u>Pa</u>	
--	--

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Geo H Lehman</u>	
---	--

(Address) <u>Buffalo Mills Pa</u>	
-----------------------------------	--

15 Filed <u>3/21</u> , 1913 <u>J. C. Lehman</u>	
---	--

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>March 21</u> , 1913	(Month)	(Day)	(Year)
---	---------	-------	--------

17 I HEREBY CERTIFY, That I attended deceased from
--

<u>March 20</u> , 1913 to <u>March 21</u> , 1913
--

that I last saw her alive on <u>March 21</u> , 1913
---

and that death occurred on the date stated above, at <u>6 p.m.</u>
--

The CAUSE OF DEATH was as follows:
------------------------------------

<u>Abortion</u>
-----------------

<u>Pontotocites - General</u>
-------------------------------

<u>Suppuration</u>
--------------------

(Duration) <u>1 hour</u>	yrs. <u>0</u> mos. <u>0</u> ds.
--------------------------	---------------------------------

Contributory (Secondary) <u>Convulsions</u>
---

(Duration) <u>1 hour</u>	yrs. <u>0</u> mos. <u>0</u> ds.
--------------------------	---------------------------------

(Signed) <u>E. C. Elroy Brown</u> , M. D.
---

<u>March 21</u> , 1913 (Address) <u>Circumlocution</u>
--

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
--

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
---

At place of death <u>1 yrs. 0 mos. 0 ds.</u> In the State <u>1 yrs. 0 mos. 0 ds.</u>
--

Where was disease contracted, if not at place of death? <u>Penn.</u>
--

Former or usual residence <u>Penn.</u>
--

19 PLACE OF BURIAL OR REMOVAL <u>New Baltimore Pa</u>	DATE OF BURIAL <u>March 22, 1913</u>
---	--------------------------------------

20 UNDERTAKER <u>J. C. Wolford</u>	ADDRESS <u>City</u>
------------------------------------	---------------------

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.	
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P. 100

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc.. *Carcin-*oma, *Sarcoma*, etc. of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor." for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic trilobular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

3045

County AlleghenySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. HVillage or City Burke's (No. 1) Allegheny Home St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Linniger

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
-------------------	------------------------------	---

6 DATE OF BIRTH

Mar 14, 1890.  
(Month) (Day) (Year)

7 AGE

23 yrs. 0 mos. 0 ds.If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

Laborerat Sise9 BIRTHPLACE  
(State or country)Pa

10 NAME OF FATHER

Lewis Mc Linniger11 BIRTHPLACE OF FATHER  
(State or country)Pa

12 MAIDEN NAME OF MOTHER

Lena Joernan13 BIRTHPLACE OF MOTHER  
(State or country)Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B.B. Miller(Address) Granville Rd.

15

MAR 29 1913

Dobrough

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 28, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1913, to Mar 25, 1913, that I last saw him alive on Mar 28, 1913, and that death occurred on the date stated above, at 7 P.M. The CAUSE OF DEATH\* was as follows:Acute pancreatitis

(Duration) 5 hrs  
Contributory (Secondary) Infected foot

(Duration) 25  
A. D. Franklin, M.D. (Address) Cumberland Md

(Signed) Mar 28, 1913 (Address) Cumberland Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 0 yrs. 0 mos. 0 ds. In the State of Penn. Pa yrs. 0 mos. 0 ds.Where was disease contracted,  
if not at place of death?Former or usual residence Garnett C.19 PLACE OF BURIAL OR REMOVAL Bellinger MdDATE OF BURIAL Mar 29, 191320 UNDERTAKER Lewis SteinADDRESS Cumberland

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second "statement." Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningiæ, peritonacum*, etc.. *Carcin-*

oma

Surcome

etc. of \_\_\_\_\_ (name origin; "Cap-  
ster" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
tricuspidal heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), **29 ds.**:  
*Bronchopneumonia* (secondary), **10 ds.** Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mara-  
asmus," "Old Age," "Shock," "Uremia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Puerperal septicar-  
mia*," "*Puerperal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent deaths state means of injury and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.

RECEIVED

APR 8 1918

BUREAU, V. S.

MARGIN RESERVED FOR BINDING

V. S. No. 1.

## 1 PLACE OF DEATH

County Allegany

3046

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 8

Village or City Lonaconing No.

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME Mrs. Sarah Lyden

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
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6 DATE OF BIRTH	Unknown	, 1843
	(Month)	(Day)
		(Year)

7 AGE	68 yrs.	mos.	ds.	if LESS than 1 day, hrs. OR min.?
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8 OCCUPATION	House keeper.
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	

9 BIRTHPLACE (State or country)	England
------------------------------------	---------

10 NAME OF FATHER	Thomas Huntington
-------------------	-------------------

11 BIRTHPLACE OF FATHER (State or country)	England
---	---------

12 MAIDEN NAME OF MOTHER	Unknown
--------------------------	---------

13 BIRTHPLACE OF MOTHER (State or country)	England
---	---------

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	John Lyden
--	------------

(Informant)	62 South St
-------------	-------------

(Address)	Coatbridge Conn
-----------	-----------------

15 Filed	March 21, 1913
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REGISTRAR J. D. Bullock

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 20<sup>th</sup>, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1<sup>st</sup>, 1912, to March 20<sup>th</sup>, 1913, that I last saw her alive on March 20<sup>th</sup>, 1913, and that death occurred on the date stated above, at 3 P.M. The CAUSE OF DEATH\* was as follows:

Pneumonia of stomach,

(Duration) One yrs. mos. 20 ds.

Contributory (Secondary) Influenza

(Duration) yrs. one mos. ds.

(Signed) W. H. Killings, M.D.  
March 21, 1913. (Address) Lonaconing

\*State the DISEASE CAUSING DEATH, OR, IN deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL In May's Cemetery DATE OF BURIAL March 24, 1913.

20 UNDERTAKER C. Speir & Co. ADDRESS Lonaconing

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the **DISEASE** causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

**oma**, *Sarcoma*, etc., or \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Pneumonitis* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state **MEANS** of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <i>Allegany</i>		3047	91	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <i>Emmitsburg No. 36, Bedford</i>			St. <i>Ward</i> )	Registration Dist. No. <i>A</i>	
2 FULL NAME <i>Michael McDonald</i>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Married	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <i>Nov. 4th, 1837</i>		(Month) (Day) (Year)	16 DATE OF DEATH <i>Mar 13, 1913</i>	(Month) (Day) (Year)	
7 AGE <i>76 yrs. - mos. - ds.</i>	If LESS than 1 day.....hrs. OR.....min.?		I HEREBY CERTIFY, That I attended deceased from <i>Mar 10, 1913</i> , to <i>Mar 13, 1913</i> ,		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Janitor</i> (b) General nature of industry, business, or establishment in which employed (or employer). <i>At Post Office</i>			that I last saw him alive on <i>Mar 13, 1913</i> , and that death occurred on the date stated above, at <i>1:45 P.M.</i> . The CAUSE OF DEATH* was as follows:		
9 BIRTHPLACE (State or country) <i>New York</i>		<i>Pneumonia</i>			
10 NAME OF FATHER <i>John McDonald</i>		(Duration) — yrs. — mos. 3 ds.			
11 BIRTHPLACE OF FATHER (State or country) "		Contributory (Secondary) <i>Age</i>			
12 MAIDEN NAME OF MOTHER "		(Duration) — yrs. — mos. ds.			
13 BIRTHPLACE OF MOTHER (State or country) "		(Signed) <i>A. L. Haughey M.D.</i> <i>Mar 14, 1913.</i> (Address) <i>Emmitsburg Md.</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Mr. Michael McDonald</i>					
(Address) <i>36 Bedford St.</i>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
15 MAR 15 1913 Filed.		16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the Where was disease contracted, It not at place of death? Former or usual residence.		17 PLACE OF BURIAL OR REMOVAL <i>St Pat Cem</i>	
REGISTRAR		DATE OF BURIAL <i>Mar 15, 1913</i>		ADDRESS <i>Louis Steig City</i>	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (v) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. It retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

*oma*, *Surcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "As thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Miasma," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Postpartal septicemia," "Postpartal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *retains*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

3048

County *Allegany*STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *10*St. *Ward*)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City *In Savage* (No. ....)

## 2 FULL NAME

*Mary Malloy*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> (Write the word)
---------------------	------------------------------	--

6 DATE OF BIRTH <i>April 26, 1870</i>	(Month)	(Day)	(Year)
---------------------------------------	---------	-------	--------

7 AGE <i>42 yrs. 10 mos. 13 ds.</i>	If LESS than 1 day, ____ hrs. OR ____ min. ?
-------------------------------------	--

8 OCCUPATION <i>Hairdresser</i>	(a) Trade, profession, or particular kind of work.
	(b) General nature of industry, business, or establishment to which employed (or employer)

9 BIRTHPLACE (State or country) <i>Maryland</i>	
--	--

10 NAME OF FATHER <i>Andrew Hady</i>	
--------------------------------------	--

11 BIRTHPLACE OF FATHER (State or country) <i>Ireland</i>	
--	--

12 MAIDEN NAME OF MOTHER <i>Wilhelmina Baker</i>	
--	--

13 BIRTHPLACE OF MOTHER (State or country) <i>Ireland</i>	
--	--

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>John T. Malloy</i>	
---	--

(Address) <i>In Savage Md</i>	
-------------------------------	--

15 Filed <i>March 10, 1913</i>	F. A. G. Murray, M.D.
--------------------------------	-----------------------

	Local REGISTRAR
--	-----------------

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 9, 1913*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *In Savage*, 1911, to *In Savage*, 1913, that I last saw her alive on *In Savage*, 1913, and that death occurred on the date stated above, at *12:30 pm*. The CAUSE OF DEATH\* was as follows:

*Pallidonia Tuberculosis*

(Duration) *2 yrs. 5 mos. 0 ds.*

Contributory (Secondary) *Exhaustion*

(Duration) *0 yrs. 0 mos. 0 ds.*  
(Signed) *F. A. G. Murray*, M. D.  
*In Savage, March 10, 1913.* (Address) *In Savage, Md*

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted,  
If not at place of death? \_\_\_\_\_

Former or usual residence: \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL *In Savage* DATE OF BURIAL *March 11, 1913*

20 UNDERTAKER *J. J. Donahue* ADDRESS *Front St. Md*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Grop"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*, *Carcin-*

oma

Surcoma

etc. of \_\_\_\_\_ (name origin; "Cap-  
ster" is less definite; avoid use of "Tumor" for mali-  
gnant neoplasms); *Mesas*; *Whooping cough*; *Chronic  
tubular heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), *29 d.s.*  
*Bronchopneumonia* (secondary), *10 d.s.* Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "Puerperal septicar-  
mia," "Puerperal peritonitis," etc. State cause for  
which surgical operation was undertaken. For vi-  
olent deaths state means of injury and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver-wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory" (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <u>Allegany</u>		3049
Village or City <u>Old Town</u> (No.)		(119)
2 FULL NAME <u>Ralph Manly</u>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Bular</u>
8 DATE OF BIRTH <u>July 2</u> (Month) (Day)		, 1912 (Year)
7 AGE ..... yrs. <u>8</u> mos. <u>19</u> ds.	If LESS than 1 day, .... hrs. OR min. ?	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Waiter</u> (b) General nature of industry, business, or establishment to which employed (or employer) <u>—</u>		
9 BIRTHPLACE (State or country) <u>Altonia Pa</u>		
10 NAME OF FATHER <u>Sam Manly</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Blair Lcs Pa</u>		
12 MAIDEN NAME OF MOTHER <u>Gabrielle Baker</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Bethel Lcs Pa</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant <u>Joseph Baker</u> (Address) <u>Old Town Ind</u>		
15 Filed <u>Lynn Maryland</u>		
REGISTRAR		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. Anne

St.: \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 21, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 12, 1913, to Mar 21, 1913,

that I last saw him alive on Mar 21, 1913,

and that death occurred on the date stated above, at 5-5 m.

The CAUSE OF DEATH\* was as follows:

Septicemia

(Duration) yrs. mos. ds.

Contributory Bonita Remmick  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) J. G. Martbaugh, M. D.3/21, 1913 (Address) Old Town Ind

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Altonia Pa DATE OF BURIAL Mar 22, 191320 UNDERTAKER None ADDRESS C

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Toreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal minc.*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.. *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vivular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traenia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 4 1913

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## PLACE OF DEATH

3050

County

Allegany  
St. John's RiverSTATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 7

Village or City

(No.)

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Mrs Eleanor Martin

119

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Colorado

6 DATE OF BIRTH

Aug unknown, 1839  
(Month) (Day) (Year)

7 AGE

74 yrs. 6 mos. ds.

If LESS than  
1 day, .... hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed Mar 4<sup>th</sup>, 1913. J. A. Bunker

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 3<sup>rd</sup>, 1913.  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Feb 21<sup>st</sup>, 1913, to March 2<sup>nd</sup>, 1913.that I last saw her alive on March 2<sup>nd</sup>, 1913.

and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH\* was as follows:

Chronic Endocarditis.

(Duration) 2 yrs. mos. ds.

Contributory  
(Secondary)

Pulmonary Edema

(Duration) yrs. mos. ds.

(Signed) B. B. Shilling, M.D.

March 3<sup>rd</sup>, 1913. (Address) Pasadena

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Gabriel's Cemetery  
Baltimore, MDDATE OF BURIAL  
March 6<sup>th</sup>, 1913.

20 UNDERTAKER,

Aug Eichhorn

ADDRESS

Lancaster,

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

### Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease.

Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Postpartal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED  
APR 5 1913  
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## PLACE OF DEATH

3051

STATE OF MARYLAND  
CERTIFICATE OF DEATH

County

Village or City

## FULL NAME

Registration Dist. No.

3

St. 6 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Lucy Le

6 DATE OF BIRTH

Feby 2, 1903  
(Month) (Day) (Year)

7 AGE

yrs. 1 mos. 14 ds. If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer) —

9 BIRTHPLACE  
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

MAR 20 1913

Filed 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 18, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 16, 1913, to Mar 17, 1913,

that I last saw him alive on Mar 17, 1913,

and that death occurred on the date stated above, at 8 P.M.

The CAUSE OF DEATH\* was as follows:

Bronco-Pneumonia

(Duration) yrs. mos. 7 ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Lee D. Darlington, M.D.

Mar 18, 1913. (Address) 64 Columbia

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Eckhart, Md. 3/20, 1913

20 UNDERTAKER ADDRESS

G. W. Miller City

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma

Surcomia, etc., of \_\_\_\_\_ (name origin: "Cap-  
er" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture or skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 4 1913
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <i>Allegheny</i>		3052
Village or City <i>Soracenia</i> (No.)		157
2 FULL NAME <i>Lufant Miller</i>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>
6 DATE OF BIRTH <i>March 30, 1913</i> (Month) (Day) (Year)		
7 AGE ..... yrs. .... mos. .... ds.	IF LESS than 1 day, 1 hrs. OR min. ?	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>None</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>None</i>		
9 BIRTHPLACE (State or country) <i>Soracenia</i>		
10 NAME OF FATHER <i>Christopher C. Miller</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>West Germany</i>		
12 MAIDEN NAME OF MOTHER <i>Bessie Farley</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>Orilton, Pa.</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>C. C. Miller</i> (Address) <i>Soracenia</i>		
15 Filed <i>Mar. 30, 1913</i> by <i>J. D. Bullock</i> REGISTRAR		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *8*

St.; Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 30, 1913*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY. That I attended deceased from  
*9 A.M. to 10 A.M. on March 30, 1913*,  
that I last saw him alive on

and that death occurred on the date stated above, at *10 A.M.*  
The CAUSE OF DEATH\* was as follows:

*Fremature Birth  
Miscarriage at 6 months*  
(Duration) yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.  
(Signed) *James O. Bullock, M. D.*  
March 30, 1913. (Address) *Soracenia*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *St. Ann's Cemetery, Orilton* DATE OF BURIAL *March 31, 1913*

20 UNDERTAKER *Aug. Eichler* ADDRESS *Soracenia*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Mauser," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*, *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 5 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

3053

County AllegSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City Cumberland (No. 2, Eller)St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Willis Miller

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>March 5</u>		(Month) (Day) (Year)
7 AGE <u>19 yrs. - mos. 22 ds.</u>		If LESS than 1 day, ____ hrs. OR ____ min. ?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Say Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) Pa

10 NAME OF FATHER Nelson Miller  
 11 BIRTHPLACE OF FATHER  
(State or country) Pa  
 12 MAIDEN NAME OF MOTHER Emma J. Markley  
 13 BIRTHPLACE OF MOTHER  
(State or country) Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Bessie Christie  
 (Address) Cumberland

15 MAR 27 1913  
 Filed 1913 E. Franklin

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 27, 1913  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1913, to Mar 27, 1913,  
 that I last saw him alive on Mar 27, 1913,  
 and that death occurred on the date stated above, at 4 a.m..  
 The CAUSE OF DEATH\* was as follows:

Typhoid fever(Duration)   yrs.   mos.   ds.Contributory  
(Secondary) (Duration)   yrs.   mos.   ds.

(Signed) P. H. Treaskiss, M.D.  
Mar 27, 1913 (Address) 20 Streetman St.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death   yrs.   mos.   ds. In the State   yrs.   mos.   ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Addison Pa DATE OF BURIAL May 28, 191320 UNDERTAKER Louis Stein ADDRESS City

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification; as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Matru-  
mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

3054

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 9

County Alleyance

Village or City Frostburg

(No.)

St. Grandy road

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Bella Morris

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
DIVORCED  
[Write the word] Brain

6 DATE OF BIRTH May - 1885

(Month) (Day) (Year)

7 AGE 35 yrs. 10 mos. ds.

If LESS than  
1 day... hrs.  
OR... min.?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 3/8/1913

T. Griffiths

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 5 - 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Jan 29th, 1913, to Mar 5th, 1913,

that I last saw her alive on Mar 4th, 1913.

and that death occurred on the date stated above, at 129 m.

The CAUSE OF DEATH\* was as follows:

Pneumonia

(Duration) yrs. 1 mos. 2 ds.

Contributory  
(Secondary) Cardiac exhaustion

(Duration) yrs. mos. ds.

(Signed) C. E. Oster M. D.

Mar. 5, 1913. (Address) Frostburg, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Eckhart, Md. Mar. 7, 1913

## 20 UNDERTAKER

Jacob Hafer Frostburg, Md.

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal min.*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.. *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 16 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH  
County *Allegany* ..... 3055  
S  
Village or City *Midland* ..... (No. *Davis Rock Road* St: ..... Ward)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. *121*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME *Still Born child of Mathew Muir*

PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Mile</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDWED, DIVORCED (Write the word)	
6 DATE OF BIRTH <i>March 6</i>		7 AGE <i>Name</i>	11 LESS than 1 day, .... hrs. OR min. ? yrs. mos. ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work <i></i>		9 BIRTHPLACE (State or country) <i>Allegany Co Md</i>	
10 NAME OF FATHER <i>Mathew Muir</i>		11 BIRTHPLACE OF FATHER (State or country) <i>Allegany Co. Md</i>	
12 MAIDEN NAME OF MOTHER <i>Mary Francis Waggs</i>		13 BIRTHPLACE OF MOTHER (State or country) <i>Allegany Co. Md.</i>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Mathew Muir</i> (Address) <i>Midland, Md</i>			
15 Filed <i>Mar. 6, 1913</i> <i>F H Charles</i>		REGISTRAR	

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 6*, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *at Birth and death*, 1913, to *never saw him alive*, 1913, that I last saw *him* alive on *1913*.

and that death occurred on the date stated above, at *4 a.m.*, The CAUSE OF DEATH\* was as follows:

*Premature Birth  
7 Mo. Gestation*

(Duration) yrs. mos. ds.  
Contributory *Mother - Measles*  
(Secondary)

(Doration) yrs. mos. ds.  
(Signed) *F H Charles M.D.*, M.D.  
Mar 6, 1913. (Address) *Midland Md*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Groveton Md* DATE OF BURIAL *Mar 7, 1913*

20 UNDERTAKER  ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

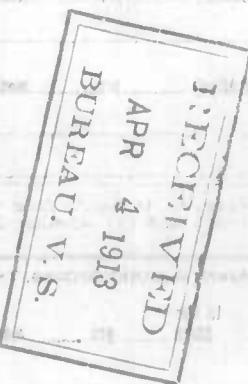
[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Olig genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3056

STATE OF MARYLAND  
CERTIFICATE OF DEATHCounty Allegany

1113

Registered No. 8

Village or City Soracoming (No.)

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Roy Pace Nippesnberg

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>Jan 11, 1893</u>		If LESS than 1 day, ____ hrs. OR ____ min. ?
7 AGE <u>20 yrs. 2 mos. 1 ds.</u>		

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Soft Coal Mining  
 (b) General nature of industry, business, or establishment in which employed (or employer) Employer by Consolidation Coal Co.

9 BIRTHPLACE  
(State or country) Soracoming

10 NAME OF FATHER Ford K. Nippesnberg

11 BIRTHPLACE OF FATHER  
(State or country) Wellsburg, Penna.

12 MAIDEN NAME OF MOTHER Maria Pritchard

13 BIRTHPLACE OF MOTHER  
(State or country) Soracoming

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ford K. Nippesnberg

(Address) Soracoming

15 March 13, 1913 J. O. Bullock  
Filed REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 12, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1/2 hour before death, 1913,

that I last saw him alive on March 12, 1913,

and that death occurred on the date stated above, at 9:20 p.m.

The CAUSE OF DEATH\* was as follows: - Accident in mine - Caught between car & prop while breaking a loaded car down the road - Pitt broken lung punctured - lived 3 hours after injury yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) James O. Bullock, M. D.  
March 13, 1913 (Address) Soracoming

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
If not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Allegany Cemetery, Bolivar DATE OF BURIAL  
March 14, 1913

## 20 UNDERTAKER

Andrew Speirs Jr. ADDRESS  
Soracoming

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness or various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chorotavalvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 5 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

3057

County.....

alleg.

Village or City

Cumberland

(No.)

9

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

2 FULL NAME

Stellon ( Nixon )

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

Female White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

✓ Mar 10, 1913

(Month)

(Day)

(Year)

7 AGE

— yrs. — mos. — ds.

If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work

None

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)

MD

PARENTS

10 NAME OF  
FATHER

Harvey F Nixon

MD

11 BIRTHPLACE  
OF FATHER  
(State or country)

Annie Twigg

MD

12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Harvey F Twigg

9 Grand Ave

15

MAR 11 1913

Filed 1911

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 10, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h alive on

and that death occurred on the date stated above, at

The CAUSE OF DEATH\* was as follows:

Stil Brown

Contributory (Duration) yrs. mos. ds.

Secondary (Duration) yrs. mos. ds.

(Signed) Thad N. Lovell M. D.

Mar 10, 1913. (Address) Cumberland MD

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Rose Hill Cemetery Mar 11, 1913

DATE OF BURIAL

20 UNDERTAKER

Louis Stee City

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal fever* (the only definite synonym is "*Epidemic cerebrospinal meningitis*"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.. *Carcin-*oma, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Can-*cer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "As-thenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Délirium" ("Con-gelation"), "Seizure," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraëmias," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "TUERPERAL septicæ-mia," "TUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverberator wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 8 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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<b>1 PLACE OF DEATH</b>		3058	<b>STATE OF MARYLAND CERTIFICATE OF DEATH</b>	
County <i>Arlington</i>		Registration Dist. No. <i>4</i>		
Village or City <i>Lynnhurst</i> (No. <i>100</i> )		St. <i>5</i> Ward)		
[If death occurred in a hospital or institution, give its NAME instead of street and number.]				
<b>2 FULL NAME</b> <i>Josephine Page</i>				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>				
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)</b>	<i>Married</i>	
<b>6 DATE OF BIRTH</b>	<b>7 AGE</b>	<b>8 OCCUPATION</b>		
<i>Female</i> <i>Black</i>	<i>April</i> <i>22</i> , <i>1851</i>	<i>House Keeper</i>		
	<b>9 BIRTHPLACE (State or country)</b>			
<b>10 NAME OF FATHER</b>	<b>11 BIRTHPLACE OF FATHER (State or country)</b>	<b>12 MAIDEN NAME OF MOTHER</b>		
<i>Unknown</i>	<i>Unknown</i>	<i>Cassandra Blue</i>		
<b>13 BIRTHPLACE OF MOTHER (State or country)</b>	<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>			
<i>Unknown</i>	(Informant) <i>Helen Harr</i>			
(Address) <i>Fairfax, Md</i>				
<b>15</b>	<b>MAR 22 1913</b>		<b>REGISTRAR</b>	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.				
<b>16 DATE OF DEATH</b> <i>Mar 20</i> , <b>1913</b>				
<b>17</b> I HEREBY CERTIFY. That I attended deceased from <i>Mar 1912</i> to <i>Mar 20, 1913</i> , that I last saw her alive on <i>Mar 10, 1913</i> , and that death occurred on the date stated above, at <i>7 p.m.</i> The CAUSE OF DEATH*, was as follows:				
<i>Cancer of breast</i>				
(Duration) <i>2 yrs. 0 mos. 0 ds.</i>				
<b>Contributory (Secondary)</b>				
(Duration) <i>years months days.</i>				
(Signed) <i>James S. Johnson, M.D.</i> (Address) <i>Fairfax, Md.</i>				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b>				
At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence.				
<b>19 PLACE OF BURIAL OR REMOVAL</b> <i>Baptist Cemetery</i> <b>DATE OF BURIAL</b> <i>Mar 22, 1913</i>				
<b>20 UNDERTAKER</b> <i>J. L. Lester</i> <b>ADDRESS</b> <i>Fairfax, Md.</i>				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.. *Carcin-*

oma

Surcoma

etc.

of \_\_\_\_\_

(name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
trabicular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), 29 ds.;  
*Bronchopneumonia* (secondary). 10 ds. Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mara-  
nia," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "Puerperal septicar-  
mia," "Puerperal peritonitis," etc. State cause for  
which surgical operation was undertaken. For vo-  
lent deaths state means of injury and quality as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probabilis*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railroad train—accident*;  
*Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*Esophagus*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspon-  
dence. All the data is essential and must be obtained before  
the certificate is permanently filed.

RECEIVED

APR 3 1913

BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County <i>Allegany</i>		3059	6A	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <i>Lonaconing</i> (No.)			St; <i>Ward</i>	Registered No. <i>8</i>	
2 FULL NAME <i>Mrs. Jessie Isabell Perris</i>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) <i>MARRIED</i>	MEDICAL CERTIFICATE OF DEATH		
6 DATE OF BIRTH <i>May 6</i>		It LESS than 1 day, .... hrs. OR min. ?	16 DATE OF DEATH <i>March 16<sup>th</sup></i>		
(Month) <i>May</i>		(Day) <i>6</i>	(Month) <i>March</i>	(Day) <i>16</i>	(Year) <i>1913</i>
7 AGE <i>67 yrs. 10 mos. 10 ds.</i>			17 HEREBY CERTIFY. That I attended deceased from <i>March 15, 1913</i> , to <i>March 16, 1913</i> ,		
			that I last saw him alive on <i>March 15, 1913</i> , and that death occurred on the date stated above, at <i>6 A.M.</i>		
The CAUSE OF DEATH* was as follows: <i>Cerebral Hemorrhage</i>					
(Duration) <i>yrs. 1 mos. 1 ds.</i>					
Contributory (Secondary)					
(Duration) <i>yrs. 1 mos. 1 ds.</i>					
(Signed) <i>Henry T. Hodson</i> , M. D. <i>March 17<sup>th</sup>, 1913</i> (Address) <i>Lonaconing, Md.</i>					
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
At place of death <i>yrs. mos. ds.</i> In the State <i>yrs. mos. ds.</i>					
Where was disease contracted, if not at place of death?					
Former or usual residence					
19 PLACE OF BURIAL OR REMOVAL <i>Old Coney Cemetery</i>					
20 UNDERTAKER <i>Aug. Eichhorn</i>					
ADDRESS <i>Lonaconing</i>					
FILED <i>March 18, 1913</i> BY <i>J. T. Bullock</i>					
REGISTRAR					

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal minc*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

oma

"Sarcoma, etc. of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means or injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

<b>1 PLACE OF DEATH</b>		3060	STATE OF MARYLAND CERTIFICATE OF DEATH	
County	Allegany		(No.)	Registration Dist. No. 10
Village or City	St. Mary		St. Ward	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
<b>2 FULL NAME</b> Harriet Rebecca Porter				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>				
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b>	Married	
Female	White	(Write the word)		
<b>6 DATE OF BIRTH</b>				
Dec		3	1868	
(Month)		(Day)	(Year)	
<b>7 AGE</b>				
44 yrs.		4 mos.	20 ds.	IF LESS than 1 day, _____ hrs. OR _____ min. ?
<b>8 OCCUPATION</b>				
(a) Trade, profession, or particular kind of work... Housewife				
(b) General nature of industry, business, or establishment in which employed (or employer) ...				
<b>9 BIRTHPLACE</b> (State or country)				
Maryland				
<b>10 NAME OF FATHER</b>				
Levi Albright				
<b>11 BIRTHPLACE OF FATHER</b> (State or country)				
Md				
<b>12 MAIDEN NAME OF MOTHER</b>				
Sophia Koontz				
<b>13 BIRTHPLACE OF MOTHER</b> (State or country)				
Md				
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>				
(Informant)		W. S. Porter		
(Address)		St. Marysland		
<b>15</b>				
Filed		March 24, 1913 T. A. G. Murray Local Registrar		
<b>16</b>				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				
<b>MEDICAL CERTIFICATE OF DEATH</b>				
<b>18 DATE OF DEATH</b> March 23, 1913				
(Month)		(Day)		(Year)
<b>17</b> I HEREBY CERTIFY, That I attended deceased from Jan., 1913, to March 23, 1913,				
that I last saw her alive on March 23, 1913,				
and that death occurred on the date stated above, at 9 <sup>th</sup> a.m.				
The CAUSE OF DEATH* was as follows:				
Chronic Nephritis				
(Duration) 2 yrs. mos. ds.				
Contributory (Secondary) Gravidae Cystitis 2 hours				
(Duration) yrs. mos. ds.				
(Signed) T. A. G. Murray, M. D.				
March 24, 1913. (Address) St. Marysland				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b>				
At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence.				
<b>19 PLACE OF BURIAL OR REMOVAL</b>				
In St. Marysland		March 25, 1913		
<b>20 UNDERTAKER</b>				
J. J. Dunnard				
ADDRESS				

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

[Approved by U. S. Census and American Public Health Association]

ASSOCIATION

**Statement of occupation**—Precise statement of occupation is very important, so that the relative usefulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

*oma. Sarcoma, etc., of* ..... (name origin); "Can-  
ter" is less definite; avoid use of "Tuner" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con- genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara- nus," "Old Age," "Shock," "Jaenia," "Weakness, etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railroad train—accident; Recovered wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull and consequences (e. g., *sepsis, "ictonus"*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**Statement of cause of death**—Name, first; the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.* *Carcin-*

RECEIVED

APR 5 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

3061

County AlleghenySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 8Village or City Lynacoming No. 1St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	<u>Widowed</u>
-------------------	------------------------------	--	----------------

## 6 DATE OF BIRTH

April - 27<sup>th</sup>, 1892  
(Month) (Day) (Year)

## 7 AGE

70 yrs. 10 mos. 13 ds. If LESS than  
1 day, .... hrs.  
OR ..... min.?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work

Brewer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)Allegheny

## PARENTS

## 10 NAME OF FATHER

George Porter11 BIRTHPLACE OF FATHER  
(State or country)Unknown

## 12 MAIDEN NAME OF MOTHER

Margaret Porter13 BIRTHPLACE OF MOTHER  
(State or country)Nett Savage

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

John PorterLynacoming

## 15

Filed March 13, 1913

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

March 10<sup>th</sup>, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 3<sup>rd</sup>, 1913, to March 10<sup>th</sup>, 1913,

that I last saw him alive on March 10<sup>th</sup>, 1913,

and that death occurred on the date stated above, st. 8 P.M.

The CAUSE OF DEATH\* was as follows:

Lobar pneumonia(Duration) 7 yrs. 0 mos. 0 ds.Contributory  
(Secondary)(Duration) 0 yrs. 0 mos. 0 ds.

(Signed) J. W. Shilling M. D.  
March 10, 1913. (Address) Lynacoming

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. To the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted,

If not at place of death?

Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

St. Mary's Cemetery

## DATE OF BURIAL

March 10, 1913.

## 20 UNDERTAKER

Aug. Schlemm

## ADDRESS

Lynacoming

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

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*Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *Scpsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 5 1913

BUREAU. V. S.

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1 PLACE OF DEATH

3062

County Allegany

(142)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City near Bould (No. Baltimore Park St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lewis Rice

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>
6 DATE OF BIRTH		<u>Aug 5</u> , <u>1827</u>
		(Month) (Day) (Year)
7 AGE <u>85 yrs. 7 mos. 3 ds.</u>		If LESS than 1 day, ____ hrs. OR ____ min. ?

8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u>
(b) General nature of industry, business, or establishment in which employed (or employer) <u></u>

9 BIRTHPLACE (State or country) <u>Tid</u>
---

10 NAME OF FATHER <u>do not know</u>
11 BIRTHPLACE OF FATHER (State or country) <u>"</u>
12 MAIDEN NAME OF MOTHER <u>"</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>"</u>

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Rice(Address) Cambria

15 Filed Mar. 9, 1913 at Hagerstown.  
Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1913, to March 8, 1913,  
that I last saw him alive on March 7, 1913.

and that death occurred on the date stated above, at \_\_\_\_\_ m.  
The CAUSE OF DEATH\* was as follows:

Raynaud's Disease

(Duration) 3 yrs. 3 mos. — ds.

Contributory  
(Secondary)

(Duration) W. R. Hodges yrs. mos. ds.  
(Signed) W. R. Hodges M. D.  
March 8, 1913 (Address) Cumberland, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Family Burial Ground DATE OF BURIAL  
20 UNDERTAKER John Stein DATE Mar. 9, 1913  
ADDRESS Cambria

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

[Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.* *Carcin-*

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Surcoma, etc., of ..... (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
nus," "Old Age," "Shock," "Traenila," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicari-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause or death approved by Committee on Nomencla-  
ture of the American Medical Association.)

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RECEIVED

APR 3 1918

BUREAU. V. S.

## MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate.

1 PLACE OF DEATH

3063

County

Village or City

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No.....

Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

Jan. 5<sup>th</sup>, 1913  
(Month) (Day) (Year)

7 AGE

yrs. 2 mos. 2 ds.

If LESS than  
1 day, hrs.  
OR min.?

## 8 OCCUPATION

- (a) Trade, profession, or particular kind of work.....  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9 BIRTHPLACE  
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

3/8, 1913 T. Griffith

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar. 7, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

March 6<sup>th</sup> to March 7<sup>th</sup>, 1913,

that I last saw h..... alive on....., 191.....

and that death occurred on the date stated above, at..... 7 a.m.

The CAUSE OF DEATH\* was as follows:

Died suddenly.  
Cause unknown.Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) \_\_\_\_\_ (Address) \_\_\_\_\_ M.D.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
It not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Eckhardt, Md. DATE OF BURIAL  
March 8, 1913

20 UNDERTAKER

Jacob Hafer. ADDRESS  
Frostburg, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Athetia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 16 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		3064	80	STATE OF MARYLAND CERTIFICATE OF DEATH	
County <u>St. Mary's</u>				Registration Dist. No. <u>4</u>	
Village or City <u>near Lumberton</u> (No. <u>Asylum</u> )				St. _____ Ward _____	
2 FULL NAME <u>G. Russell G. Roberts</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>			
6 DATE OF BIRTH <u>Mar. 25</u> (Month) (Day)		1867 (Year)			
7 AGE <u>46</u> yrs. <u>0</u> mos. <u>0</u> ds.	If LESS than 1 day, ____ hrs. OR ____ min. ?				
8 OCCUPATION (a) Trade, profession, or particular kind of work... <u>Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____					
9 BIRTHPLACE (State or country) <u>Curryland Md</u>					
10 NAME OF FATHER <u>W. M. Roberts</u>					
11 BIRTHPLACE OF FATHER (State or country) <u>Carlisle</u>					
12 MAIDEN NAME OF MOTHER <u>Elizabeth Gurney</u>					
13 BIRTHPLACE OF MOTHER (State or country) <u>Curryland Md</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. M. Roberts, Jr.</u> (Address) <u>Curryland Md</u>					
15 MAR 7 1913 <u>H. S. Daugherty</u> Filed _____ REGISTRAR					

MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH <u>March 5<sup>th</sup></u> , 1913 (Month) (Day) (Year)					
17 I HEREBY CERTIFY, That I attended deceased from <u>March 1<sup>st</sup></u> , 1913, to <u>March 5<sup>th</sup></u> , 1913, that I last saw him alive on <u>March 4<sup>th</sup></u> , 1913, and that death occurred on the date stated above, at <u>5<sup>th</sup></u> a.m. The CAUSE OF DEATH* was as follows:					
<u>Paralysis of Heart</u>					
(Duration) — yrs. — mos. / — ds.					
Contributory <u>Anemia</u> <u>Pectenitis</u>					
(Duration) — yrs. — mos. / — ds.					
(Signed) <u>J. Daugherty</u> , M. D. <u>March 6, 1913</u> (Address) <u>Lumberton, Md</u>					
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.					
Where was disease contracted, if not at place of death?					
Former or usual residence.					
19 PLACE OF BURIAL OR REMOVAL <u>Bethel Cemetery</u> DATE OF BURIAL <u>3/7</u> , 1913					
20 UNDERTAKER <u>H. J. Miller</u> ADDRESS <u>Curry</u>					

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcin-*

*oma*, *Surcoma*, etc., of \_\_\_\_\_ (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal sepi-  
cia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1918

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County <i>Alleghy</i>		3065	6	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. <i>Anne</i>
Village or City <i>Newellton</i> (No.)		St. _____ Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <i>Harley Robertson</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>	6 DATE OF BIRTH <i>Janu 23, 1906</i> (Month) (Day) (Year)	
7 AGE <i>6 yrs. 8 mos. 18 ds.</i>	If LESS than 1 day, hrs. OR min. ?			
8 OCCUPATION <i>Litter by.</i>				
9 BIRTHPLACE (State or country) <i>Allegheny Co Ind.</i>				
10 NAME OF FATHER <i>Bill Robertson</i>				
11 BIRTHPLACE OF FATHER (State or country) <i>Allegheny Co Ind.</i>				
12 MAIDEN NAME OF MOTHER <i>Josephine Coulombe</i>				
13 BIRTHPLACE OF MOTHER (State or country) <i>Allegheny Co Ind.</i>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant <i>Sam Robertson</i> (Address) <i>Old Barn Mif.</i>				
15 Filed <i>✓ 1913</i>	REGISTRAR <i>Jed Maruya Rose</i>	16 DATE OF DEATH <i>Janu 10, 1913</i> (Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended deceased from <i>Janu 10, 1913</i> to <i>Janu 10, 1913</i> , that I last saw him alive on <i>Janu 10, 1913</i> , and that death occurred on the date stated above, at <i>5-8</i> m. The CAUSE OF DEATH* was as follows: <i>Pneumonia</i>				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <i>yrs. mos. ds.</i> In the State <i>yrs. mos. ds.</i> Where was disease contracted, If not at place of death? Former or usual residence.				
19 PLACE OF BURIAL OR REMOVAL <i>Green Ridge Cem.</i> DATE OF BURIAL <i>Janu. 11, 1913</i>				
20 UNDERTAKER <i>Joe Kunkelstaker</i> ADDRESS				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croupy"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.. *Carcin-*

oma

*Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vascular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tremors," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause or death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED  
APR 4 1918  
BUREAU, V. S.

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## 1 PLACE OF DEATH

3066

County Allegany

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. One

Village or City New Old Town (No. ....)

## 2 FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female.	4 COLOR OR RACE White.	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
---------------	------------------------	---

6 DATE OF BIRTH Oct - 28	If LESS than 1 day, .... hrs. OR min. ?
--------------------------	---

(Month) (Day) (Year)

7 AGE 37 yrs. 6 mos. 15 ds.
-----------------------------

8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
---

(b) General nature of industry, business, or establishment in which employed (or employer) —
--

9 BIRTHPLACE (State or country) Allegany Co. Md.
--

10 NAME OF FATHER Ross Robinson
---------------------------------

11 BIRTHPLACE OF FATHER (State or country) Allegany Co. Md.
---

12 MAIDEN NAME OF MOTHER Lucy Middleton
---

13 BIRTHPLACE OF MOTHER (State or country) Allegany Co. Md.
---

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant Leon Robertson
---

(Address) 1807 Old Town Hall
------------------------------

15 Filed 1913
---------------

16 Registrar
--------------

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1913, to Mar 7, 1913,

that I last saw her alive on Mar 7, 1913,

and that death occurred on the date stated above, at 7 A.M.

The CAUSE OF DEATH\* was as follows:

Blood Poison Encephalitis

Contributory (Secondary) Septicemia (Duration) yrs. mos. ds.

(Signed) J.W. Marshall, M.D. (Address) Old Town Hall (Duration) yrs. mos. ds.

18 State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL Green Ridge Cemetery DATE OF BURIAL Mar 9, 1913

21 UNDERTAKER No Undertaker ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.. *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin); "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 ds.**; *Bronchomeumonia* (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
nus," "Old Age," "Shock," "Træmula," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause or death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 4 1918

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County <i>Morgan</i>		3067	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <i>Cumberland</i> (No. <u>126</u> , <u>Walnut</u>		(40)	Registration Dist. No. <u>4</u>	
St.; <u>5</u> Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <i>Laura J. Shields</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the name of spouse)	Married	
6 DATE OF BIRTH <i>Aug 16, 1858</i>		(Month) <i>Aug</i>	(Day) <i>16</i>	(Year) <i>1858</i>
7 AGE <i>58 yrs. 6 mos. 23 ds.</i>		If LESS than 1 day, ____ hrs. OR ____ min. ?		
8 OCCUPATION <i>Housekeeper</i>				
(a) Trade, profession, or particular kind of work <i>Housekeeper</i> (b) General nature of industry, business, or establishment in which employed (or employer)				
9 BIRTHPLACE (State or country) <i>Pa</i>				
10 NAME OF FATHER <i>Thomas Fisher</i>				
11 BIRTHPLACE OF FATHER (State or country) <i>Pa</i>				
12 MAIDEN NAME OF MOTHER <i>Maria Higer</i>				
13 BIRTHPLACE OF MOTHER (State or country) <i>Pa</i>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Laura E. Shields</i> (Address) <i>Cumberland, Md</i>				
15 MAR 11 1918 <i>F. W. Naughlin</i>				
Filed _____			REGISTRAR	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				
16 MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH <i>Mar. 10, 1913</i>		(Month) <i>Mar.</i>	(Day) <i>10</i>	(Year) <i>1913</i>
17 I HEREBY CERTIFY. That I attended deceased from <i>Feb. 1, 1913</i> to <i>Mar. 9, 1913</i>				
that I last saw him alive on <i>Mar. 9, 1913</i>				
and that death occurred on the date stated above, at <i>1145 m.</i>				
The CAUSE OF DEATH* was as follows: <i>Cancer of Liver &amp; Stomach</i>				
(Duration) <i>6 mos. ds.</i>				
Contributory (Secondary) <i>Stomach</i>				
(Duration) <i>6 mos. ds.</i>				
(Signed) <i>Thos. N. Lamp</i> M. D. <i>Mar. 10, 1913</i> (Address) <i>Pittsburgh, Pa</i>				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence				
19 PLACE OF BURIAL OR REMOVAL <i>Bethel Church, Pa</i> DATE OF BURIAL <i>Mar. 12, 1913</i>				
20 UNDERTAKER <i>Louis Steers</i> ADDRESS <i>City.</i>				

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative "healthfulness" of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Cancer

oma, Sarcoma, etc., of ..... (name origin: "Cap. ...er" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 3 1913

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

3068

County AlleghenySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. AVillage or City Bronx (No. Allegany Hosp) St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Minnie Short

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
---------------------	------------------------------	--

6 DATE OF BIRTH	<u>Aug 16</u> , 1891 (Month) (Day) (Year)	
-----------------	--	--

7 AGE <u>21</u> yrs. <u>7</u> mos. <u>~</u> ds.	If LESS than 1 day, ____ hrs. OR ____ min. ?
---	--

8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Sister</u>
---

(b) General nature of industry, business, or establishment in which employed (or employer) <u>at Home</u>
--

9 BIRTHPLACE (State or country) <u>Pa</u>
--

10 NAME OF FATHER <u>Frank Albright</u>
---

11 BIRTHPLACE OF FATHER (State or country) <u>Pa</u>
---

12 MAIDEN NAME OF MOTHER <u>Dorothy Weimer</u>
--

13 BIRTHPLACE OF MOTHER (State or country) <u>Pa</u>
---

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H M Short(Address) Myerdale Pa15 Filed 3/16, 1913 H. E. Cunningham

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>Mar</u>	<u>16</u> , 19 <u>13</u>
-----------------------------	--------------------------

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 13</u> , 19 <u>13</u> , to <u>Mar 16</u> , 19 <u>13</u> that I last saw her alive on <u>Mar 16</u> , 19 <u>13</u> and that death occurred on the date stated above, at <u>3 P.M.</u>
--

The CAUSE OF DEATH\* was as follows:

Abortion

Contributory (Secondary) <u>Syphilis</u>	(Duration) yrs. <u>5</u> mos. <u>5</u> ds.
---	--

(Signed) <u>James J. Johnson</u>	(Duration) yrs. <u>2</u> mos. <u>8</u> ds.
----------------------------------	--

(Address) Council Island, Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.Where was disease contracted, if not at place of death? Myerdale, PennaFormer or usual residence Myerdale, Penna19 PLACE OF BURIAL OR REMOVAL Myerdale PaDATE OF BURIAL Mar 16, 191320 UNDERTAKER Lewis ShortADDRESS Bronx

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

*oma*, *Surcoma*, etc., of ..... (name origin); "Cap-sar" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary). 10 d. Never report mere symptoms or terminal conditions, such as "An-thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-gential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-nus," "Old Age," "Shock," "Tranmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septic-mia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1918

BUREAU. V. S.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

3069

146

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 12

County Allegany

Village or City National (No.)

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Roy Simpson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
6 DATE OF BIRTH April 15, 1911		(Write the word)
		(Month) (Day) (Year)
7 AGE 1 yrs. 11 mos. 16 ds.		it LESS than 1 day, hrs. OR min. ?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) Child

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER George Simpson  
 11 BIRTHPLACE OF FATHER (State or country) Rowlings Sta., Md.  
 12 MAIDEN NAME OF MOTHER Margaret Martin  
 13 BIRTHPLACE OF MOTHER (State or country) Lonaconing MD

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) George A. Simpson  
 (Address) National Md

15 Filed April 1, 1913 F. H. Charles

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 31, 1913  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1913, to March 31, 1913,  
 that I last saw him alive on March 30, 1913,  
 and that death occurred on the date stated above, at 10 P. m.,  
 The CAUSE OF DEATH\* was as follows:

Stereo Mastoid abscess

(Duration) yrs. mos. 10 ds.  
 Contributory (Secondary) Rhinitis & Bronchitis

(Duration) yrs. 1 mos. 7 ds.  
 (Signed) G. L. Tissinger, M.D.  
 Mar. 31, 1913 (Address) Broadhurst Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Plot Coney Cemetery April 2, 1913.  
 DATE OF BURIAL

20 UNDERTAKER Aug Eichhorns ADDRESS  
 Lonaconing Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Daw laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchoneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anesthesia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Uraemia," "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR *as probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *spasms*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 4 1918

BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3070

County Allegany

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 9

Village or City Frostburg

(No. 65 Ornament)

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Louis Skeadon

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.

4 COLOR OR RACE W.

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

3 30, 1912  
(Month) (Day) (Year)

7 AGE

yrs. 11 mos. 16 ds. If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.....(b) General nature of industry,  
business, or establishment in  
which employed (or employer) .....9 BIRTHPLACE  
(State or country)

Maryland

PARENTS

10 NAME OF  
FATHER

Peter F. Skeadon

11 BIRTHPLACE  
OF FATHER  
(State or country)

Greene

12 MAIDEN NAME  
OF MOTHER

Poty Hellis

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Greene

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

P. F. Skeadon

(Address)

Father

15

Filed 3/18/13

T. Griffeths

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

3 16, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1912, to March 16, 1913,

that I last saw him alive on March 16, 1913,

and that death occurred on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH\* was as follows:

Tubercular meningitis

Contributory  
(Secondary)

Crypsiphalia (Duration) yrs. 4 mos. - ds.

(Signed) Dr. Oliver M. Lane, M.D.  
March 18, 1913. (Address) Frostburg, Md.\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIEN-  
TAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
If not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Catholic cemetery 3-18, 1913  
DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Frostburg Furniture &amp; Undertaking Co.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc. of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *spasms*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 16 1913

BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

V. S. No. 1.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3071

County *Allegany*

54

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 8

Village or City *Lonaconing* (No.)

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Mrs. Bethia Gibson Smith*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
Females	white	(Write the word)	

6 DATE OF BIRTH	May	27	, 1859
	(Month)	(Day)	(Year)

7 AGE	52	10	mos. 0	ds.	It LESS than 1 day, ... hrs. OR min. ?
-------	----	----	--------	-----	--

8 OCCUPATION	Houswife
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	

9 BIRTHPLACE (State or country)	Scotland
------------------------------------	----------

10 NAME OF FATHER	Samuel Gibson
-------------------	---------------

11 BIRTHPLACE OF FATHER (State or country)	Scotland
---	----------

12 MAIDEN NAME OF MOTHER	Bethia Anderson
--------------------------	-----------------

13 BIRTHPLACE OF MOTHER (State or country)	Scotland
---	----------

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	John Smith
---	------------

(Address)	Lonaconing Md
-----------	---------------

15 Filed	March 30, 1913	J. D. Bullock
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REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
March 27, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March, 1913, to March 27th, 1913, that I last saw him alive on March 27th, 1913, and that death occurred on the date stated above, at 10:45 a.m. The CAUSE OF DEATH\* was as follows:

*Pneumonia, Asphyxia*

(Duration) 2 yrs. 0 mos. 0 ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Henry M. Hodson, M. D.  
March 30, 1913 (Address) Lonaconing, Md

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL  
*Oak Hill Cemetery March 30, 1913*

20 UNDERTAKER / ADDRESS  
*D. Speir Lonaconing*

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture or skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

3072

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 10

County Allegany

170

Village or City Mt Savage (No.)

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME Charles Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
		(Write the word)
6 DATE OF BIRTH Feb. 21		(Month) (Day), (Year) 1847
		(Month) (Day) (Year)
7 AGE 66 yrs.		If LESS than 1 day, hrs. OR min. ? 22 mos. ds.

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Brick Yard

9 BIRTHPLACE (State or country) Germany

PARENTS  
 10 NAME OF FATHER Adam Smith  
 11 BIRTHPLACE OF FATHER (State or country) Germany  
 12 MAIDEN NAME OF MOTHER Mary Margaret Kile  
 13 BIRTHPLACE OF MOTHER (State or country) Germany

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Smith

(Address) Mt Savage

15 Filed March 16, 1913 E. G. Glensford  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March, 1913, to March 15, 1913,  
that I last saw him alive on March 15, 1913,  
and that death occurred on the date stated above, at 7:30 P.M.  
The CAUSE OF DEATH\* was as follows:

Chronic Nephritis

(Duration) 3 yrs. mos. ds.

Contributory (Secondary) Aphthous Stomatitis

(Duration) yrs. mos. ds.  
(Signed) F. Alan G. Murray, M.D.  
March 16, 1913. (Address) Mt Savage

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Mt Savage March 19, 1913.

20 UNDERTAKER J. J. Drury ADDRESS

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

[Approved by U. S. Census and American Public Health Association]

Assessment.

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

*oma. Sarcoma, etc., of* \_\_\_\_\_ (name origin); "Can-  
ter" is less definite; avoid use of "Tumor" for malignant neoplasms); *Masles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anaemia" (narcely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con- genital)," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maca- inus," "Old Age," "Shock," "Craenia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably accidental. Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**Statement of cause of death**—Name, first; the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Cronq"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

RECEIVED

APR 5 1913

BUREAU, V. B.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3073

County Alleg.near Village or City Cumberland (No. Asylum)STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Peter F. Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
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6 DATE OF BIRTH

March 29, 1854  
(Month) (Day) (Year)

7 AGE

28 yrs. 11 mos. 19 ds.If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work Labor.
- (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)Ind

PARENTS

10 NAME OF FATHER

Peter F. Smith11 BIRTHPLACE OF FATHER  
(State or country)Ind

12 MAIDEN NAME OF MOTHER

Mary S. Horner13 BIRTHPLACE OF MOTHER  
(State or country)Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs A. J. Farney

(Address)

Pittsburg.

15

MAR 18 1913  
Filed 1913A. Swannigh.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 18, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from January 1, 1913, to March 18, 1913,  
that I last saw him alive on March 17, 1913.and that death occurred on the date stated above, at 6 A.M.

The CAUSE OF DEATH\* was as follows:

Bright's disease(Duration) 2 yrs. 6 mos. 0 ds.Contributory Dementia praecox  
(Secondary)(Duration) 3 yrs. 0 mos. 0 ds.(Signed) J. H. Wilson, M. D.  
March 18, 1913 (Address) Cumberland Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 5 yrs. 0 mos. 0 ds. In the State 18 yrs. 0 mos. 0 ds.Where was disease contracted, if not at place of death? Cumberland Md.Former or usual residence Cumberland.19 PLACE OF BURIAL OR REMOVAL St Patrick Cem DATE OF BURIAL Mar 19, 191320 UNDERTAKER Louis SteinADDRESS City

CERTIFIED:.....  
A TRUE COPY.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Local Registrar, Cumberland, Md.

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

oma

Surcoma

etc. of ..... (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*; etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicar-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County *Allegany*

3074

(S)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 12

Village or City *Gilmore* (No.)

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

*Smith Still Born*

## PERSONAL AND STATISTICAL PARTICULARS

* SEX <i>Males</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Singler</i>
--------------------	------------------------------	--

## 6 DATE OF BIRTH

*March 27, 1913*  
(Month) (Day) (Year)

## 7 AGE

It LESS than  
1 day, ... hrs.  
yrs. mos. ds. OR min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country)*Gilmore, Allegany Co*

## PARENTS

## 10 NAME OF FATHER

*Robert Smith*11 BIRTHPLACE OF FATHER  
(State or country)*England*

## 12 MAIDEN NAME OF MOTHER

*Sarah M. Kissner*13 BIRTHPLACE OF MOTHER  
(State or country)*Scotland*

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

*Robert Smith  
Gilmore, Md.*Filed *March 27, 1913* *F. B. Charles*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

*March 27, 1913*  
(Month) (Day) (Year)

## 17 I HEREBY CERTIFY, That I attended deceased from

, 191..., to , 191...  
that I last saw h alive on , 191...

and that death occurred on the date stated above, at . m.

The CAUSE OF DEATH\* was as follows:

*still born baby*

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *Mary M. Hodges*, M. D.March 28, 1913 (Address) *London, Md.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. to the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

*Macnamin, Oak Dell* DATE OF BURIAL  
*March 27, 1913*

## 20 UNDERTAKER

*Aug. Eichison* ADDRESS  
*Macnamin, Md.*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

## Statement of cause of death—Name, first, the DISEASE

causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

oma

*Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anesthesia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R E C E I V E D

APR 4 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

3075

County

Village or City

Cumberland (No. Allegany Hosp)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

S. J. Stonebreaker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

7 Feby 4, 1872  
(Month) (Day) (Year)

7 AGE

41 yrs. 1 mos. 18 ds.  
IF LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.  
Carpenter  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)  
mine

9 BIRTHPLACE  
(State or country)

W. Va.

PARENTS

10 NAME OF  
FATHER

Do not know

11 BIRTHPLACE  
OF FATHER  
(State or country)

W. Va.

12 MAIDEN NAME  
OF MOTHER

W. Va.

13 BIRTHPLACE  
OF MOTHER  
(State or country)

W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Bessie Stonebreaker

(Address)

Keyser

15

MAR 21 1913  
Filed

1913

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 21, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 13, 1913, to Mar 21, 1913

that I last saw him alive on Mar 21, 1913

and that death occurred on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH\* was as follows:

Typhoid perforation

Contributory  
(Secondary)

(Duration) yrs. - mos. - ds.

Peritonitis

(Signed)

3/21, 1913 (Address) D. D. Daugherty, M. D.  
Permeable and dry

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 6 yrs. - mos. - ds. In the State 2 yrs. - mos. - ds.

Where was disease contracted, Keyser W. Va.

If not at place of death?

Former or usual residence Keyser W. Va.

19 PLACE OF BURIAL OR REMOVAL Keyser W. Va.

DATE OF BURIAL Mar 21, 1913

20 UNDERTAKER Louis Stein

ADDRESS City

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Hunter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

- (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not *Bald Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcin-*

oma

Surcom, etc. of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
tubular heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex.  
ample: *Measles* (disease causing death), *29 d.s.*  
*Bronchopneumonia* (secondary), *10 d.s.* Never report  
mere symptoms or terminal conditions, such as "As-  
tbenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mata-  
mus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "PUERPERAL septicar-  
mia," "PUERPERAL peritonitis," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent deaths state means of injury and quality as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is locked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.

RECEIVED

APR 3 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

3076

County HanoverSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City Lumberton (No. 82, House No. None)St. 6 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nellie Stottemeyer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
---------------------	------------------------------	--

6 DATE OF BIRTH

Unknown, 1909  
(Month) (Day) (Year)

7 AGE

4 yrs. 0 mos. 0 ds.If LESS than  
1 day, 0 hrs.  
OR 0 min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work. None.  
 (b) General nature of industry, business, or establishment in which employed (or employer) None.

9 BIRTHPLACE  
(State or country)Lumberton Md.

PARENTS

10 NAME OF FATHER Geo Stottemeyer11 BIRTHPLACE OF FATHER Hanover Md.12 MAIDEN NAME OF MOTHER Rose Cadwalader13 BIRTHPLACE OF MOTHER Rockings Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Stottemeyer(Address) Lumberton Md15 Filed APR 1 1913 F. Swanson Jr.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 31, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 30, 1913, to March 31, 1913,that I last saw her alive on March 30, 1913,and that death occurred on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH\* was as follows:

Burst of abdomen & legs  
experiencing(Duration) Yrs. . . . . mos. . . . . ds.Contributory (Secondary) fell into burning brush pile(Signed) Wm. H. Shaw Coroner, M.D.  
(Address) Coroners Office Crown Building(Date) Apr. 1 - 1913 (Address) Crown Building

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. . . . . mos. . . . . ds. In the State yrs. . . . . mos. . . . . ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Paradise Md20 CEMETERY ParadiseDATE OF BURIAL Apr. 2, 1913ADDRESS City

73 &amp; C. R. B.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

- (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "An-  
esthesia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIO-  
LENCE DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 3 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<b>1 PLACE OF DEATH</b>		3077	STATE OF MARYLAND CERTIFICATE OF DEATH	
County	alleg	149	Registration Dist. No. H	
Village or City	Cumberland	(No. 149, Walnut)	St.	Ward)
<b>2 FULL NAME</b> Agnes Strohmenger				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>				
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>	
Female	White	Single		
<b>6 DATE OF BIRTH</b>		Mar 19, 1850	<b>16 DATE OF DEATH</b>	March 18, 1913
		(Month) (Day) (Year)	(Month)	(Day) (Year)
<b>7 AGE</b>	62 yrs. 11 mos. 29 ds.	If LESS than 1 day, hrs. OR min. ?	<b>17 I HEREBY CERTIFY</b> , That I attended deceased from Feb. 1 - 1909, 1913, to March 6, 1913,	
			that I last saw her alive on March 6, 1913,	
			and that death occurred on the date stated above, at 5:30 a.m.	
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer).....				
Stone				
<b>9 BIRTHPLACE</b> (State or country) Pa				
<b>10 NAME OF FATHER</b> Michael Strohmenger				
<b>11 BIRTHPLACE OF FATHER</b> (State or country) Germany				
<b>12 MAIDEN NAME OF MOTHER</b> Mary Rusky				
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) Germany				
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) Harry Strohmenger cr (Address) Valley St.				
<b>15 MAR 20 1913</b> , 1913 Filed F. G. Baughman REGISTRAR				
<b>16</b>				
<b>17</b>				
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b> At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence.				
<b>19 PLACE OF BURIAL OR REMOVAL</b> St Peter & Pauls				
<b>20 UNDERTAKER</b> Louis Stein Candler				
<b>DATE OF BURIAL</b> March 20, 1913				
ADDRESS				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

### Statement of occupation

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal minc.*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avold use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is Indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcinoma*, *Surcoma*, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor"; for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Drowsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 3 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**PLACE OF DEATH**  
County Allegany

3078

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City Burke (No. 109) Allegany Hosp - St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**FULL NAME** Minnie Agnes Tansill

## PERSONAL AND STATISTICAL PARTICULARS

<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b>
Female	White	Married

<b>6 DATE OF BIRTH</b>	<b>7 AGE</b>
July 26,	42 yrs. 0 mos. 28 ds.
(Month)	If LESS than 1 day, ____ hrs. OR min. ?

<b>8 OCCUPATION</b>	
(a) Trade, profession, or particular kind of work	Sister
(b) General nature of industry, business, or establishment in which employed (or employer)	at home

<b>9 BIRTHPLACE</b> (State or country)	Md
---	----

<b>10 NAME OF FATHER</b>	Charles E Smith
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<b>11 BIRTHPLACE OF FATHER</b> (State or country)	Md
--	----

<b>12 MAIDEN NAME OF MOTHER</b>	Mary V Bowes
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<b>13 BIRTHPLACE OF MOTHER</b> (State or country)	W. Va.
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<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>	Mrs B Tansill
---	---------------

(Informant)	(Address) <u>Burke</u> 109 W. Main
-------------	------------------------------------

15 Filed <u>MAR 25 1913</u>	191
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REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** Mar 24, 1913  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from Mar 19, 1913, to Mar 24, 1913,

that I last saw her alive on Mar 24, 1913,

and that death occurred on the date stated above, at P m.

The CAUSE OF DEATH\* was as follows:

Sub Maxillary Tumor

Tumor

(Duration) — yrs. — mos. — ds.

Contributory  
(Secondary)

(Duration) — yrs. — mos. — ds.  
(Signed) Geo P Peckman, M. D.

Mar 25, 1913. (Address) 64 Columbia St.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, if not at place of death? 104 Maryland Ave

Former or usual residence Same

**19 PLACE OF BURIAL OR REMOVAL**

Martinburg, Pa. March 24, 1913.

**20 UNDERTAKER**

Lewis Beck ADDRESS Cumberland.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.. *Carcinoma*, *Sarcoma*, etc., or \_\_\_\_\_ (name origin); "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As-thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
APR 8 1919  
BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Alleg

3079

(157)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4Village or City Cumberland (No. 196, St. N. Centre Ward) ✓2 FULL NAME Infant. Tarlo

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>Mar. 9</u>		(Month) (Day) (Year) <u>1913</u>
7 AGE <u>✓</u>		It LESS than 1 day, .... hrs. OR min. ? <u>46</u>
— yrs.	— mos.	— ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>None</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u>	

9 BIRTHPLACE (State or country) <u>Amd.</u>	
--	--

10 NAME OF FATHER <u>G. Abe Tarlo</u>	
---------------------------------------	--

11 BIRTHPLACE OF FATHER (State or country) <u>Russia</u>	
---	--

12 MAIDEN NAME OF MOTHER <u>Bessie Winegold</u>	
---	--

13 BIRTHPLACE OF MOTHER (State or country) <u>Russia</u>	
---	--

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Fattian Winegold</u>	
---	--

(Address) <u>196 N. Centre St.</u>	
------------------------------------	--

15 MAR 13 1913 Filed <u>SS</u> <u>S. Cunningham</u>	
--	--

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 12, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1913, to March 12, 1913,  
that I last saw him alive on March 12, 1913,  
and that death occurred on the date stated above, at 1 P.M.  
The CAUSE OF DEATH\* was as follows:

Premature birth  
at 7 months.

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) William P. Fawcett, M. D.  
Mar. 12, 1913 (Address) Cumberland

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Funeral Cen DATE OF BURIAL Mar 13, 1913

20 UNDERTAKER Louis Stein ADDRESS City

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF RE-ACTION**

[Approved by U. S. Census and American Public Health

ASSOCIATION.

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The Question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*laborer*,” “*Foreman*,” “*Manager*,” “*Dealer*,” etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal miner*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*) who receive a definite salary, may be entered as *Housewife*, *Houseworker*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

oma. *Suromat*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic*  
*valvular heart disease*; *Chronic interstitial nephritis*,  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), 29 da.;  
*Bronchopneumonia* (secondary), 10 d. Never report  
mere symptoms or terminal conditions, such as "As-  
tentia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Matus-  
mus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*Puerperal septicar-  
mia*," "*Puerperal peritonitis*," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent deaths state MEANS OF INJURY and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dental*; *Revolver wound of head—homicide*; *Poisoned*  
by carbolic acid—probably suicide. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**Statement of cause of death—Name, first, the disease**  
time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.* *Gastritis*

RECEIVED  
APR 3 1918  
BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

<b>PLACE OF DEATH</b>		3080	STATE OF MARYLAND CERTIFICATE OF DEATH	
County <u>Allegany</u>		Registration Dist. No. <u>4</u>		
Village or City <u>Burford</u> (No. <u>H. Lee</u> )		St. <u>1</u> Ward)		
		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
<b>FULL NAME</b> <u>Jeremiah Taylor</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>		
<b>PERSONAL AND STATISTICAL PARTICULARS</b>				
<b>SEX</b>	<b>COLOR OR RACE</b>	<b>SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word)	M. <u>Married</u>	
<b>DATE OF BIRTH</b>	<u>March 30</u>		<b>(Month)</b>	<b>(Day)</b>
<b>AGE</b>	<b>76 yrs. 0 mos. 1 ds.</b>	If LESS than 1 day, ____ hrs. OR ____ min. ?		
<b>OCCUPATION</b>	<u>Laborer.</u>			
(a) Trade, profession, or particular kind of work.				
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>Bermont Work.</u>			
<b>BIRTHPLACE (State or country)</b>	<u>Pa</u>			
<b>PARENTS</b>	<b>NAME OF FATHER</b>	<u>Matthew E. Taylor</u>		
	<b>BIRTHPLACE OF FATHER (State or country)</b>	<u>Pa</u>		
	<b>MAIDEN NAME OF MOTHER</b>	<u>Marie Taylor.</u>		
	<b>BIRTHPLACE OF MOTHER (State or country)</b>	<u>Pa.</u>		
<b>THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>				
(Informant)	<u>J. Taylor</u>			
(Address)	<u>H. Lee St.</u>			
15	<u>APR 1 1913</u>		<u>Franklin</u>	
FILED			REGISTRAR	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				
<b>PLACE OF BURIAL OR REMOVAL</b>		<b>DATE OF BURIAL</b>		
<u>Rose Hill</u>		<u>Apr 2, 1913</u>		
<b>UNDERTAKER</b>		<b>ADDRESS</b>		
<u>Louis Stein</u>		<u>Burford</u>		

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc.. *Carcin-*

*oma*, *Surcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 3 1913
BUREAU, V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Alleghany

3081

(118)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 12St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Lord (No.)2 FULL NAME Ann Thomas

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
---------------------	------------------------------	--

6 DATE OF BIRTH Sept. 11, 1836  
(Month) (Day) (Year)

7 AGE 77 yrs. 5 mos. 29 ds.  
If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) Dowlais Wales

10 NAME OF FATHER Jenkin Thomas

11 BIRTHPLACE OF FATHER  
(State or country) Wales

12 MAIDEN NAME OF MOTHER Ann Morgan

13 BIRTHPLACE OF MOTHER  
(State or country) Wales

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John F. Daniel  
(Address) Lord, Md.

15 Filed April 14, 1913 F. H. Charles

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 9  
(Month) (Day) (Year) , 1913

17 I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1913, to Mar. 9, 1913,  
that I last saw her alive on Mar. 9, 1913,

and that death occurred on the date stated above, at 3 P.M.,  
The CAUSE OF DEATH\* was as follows:

Do not know, may have been some parasitic trouble  
(Duration) yrs. 4 mos. ds.

Contributory  
Secondary

(Signed) J. Griffith (Address) M. D.  
Mar. 9, 1913

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 3-12, 1913

20 UNDERTAKER

ADDRESS Frostburg Furniture & Undertaking Co.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Saxsman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Houschepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcin-*

*oma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *syraxis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County.....		STATE OF MARYLAND CERTIFICATE OF DEATH	
Allegany.....		3082 (S)	
Village or City.....		St:	Registered No. ....
Amherstland (No.)		Ward)	
2 FULL NAME		Still born. Thomson	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word)	
Male	White	Single	
6 DATE OF BIRTH			
March 24, 1913 (Month) (Day) (Year)			
7 AGE	Still born 3 mos.	If LESS than 1 day, .... hrs. yrs. mos. ds.	OR min. ?
8 OCCUPATION (a) Trade, profession, or particular kind of work..... None			
(b) General nature of industry, business, or establishment in which employed (or employer).....			
9 BIRTHPLACE (State or country) Cumberland			
10 NAME OF FATHER J. D. Thomson			
11 BIRTHPLACE OF FATHER (State or country) Pa			
12 MAIDEN NAME OF MOTHER Maggie Reilly			
13 BIRTHPLACE OF MOTHER (State or country) Va			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant: John Wilson Address: Cumberland, Md.			
15 MAR 26 1913 Filed: H. G. Burroughs REGISTRAR			
16 MEDICAL CERTIFICATE OF DEATH DATE OF DEATH March 24, 1913 (Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended deceased from ....., 191..... to ..... 191..... that I last saw h..... alive on ..... 191..... and that death occurred on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows: Still born			
(Duration) yrs. mos. ds.			
Contributory (Secondary) (Duration) yrs. mos. ds.			
(Signed) J. H. Wilson, M. D. March 27, 1913. (Address) Cumberland, Md.			
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIEN- TAL, SUICIDAL, or HOMICIDAL.			
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.			
Where was disease contracted, if not at place of death?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL Cemetery of Friends			
DATE OF BURIAL 191.....			
20 UNDERTAKER W. H. Wilson			
ADDRESS			

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive Engineer*, *Civil engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The interline worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchomeningitis* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetanus," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County. Allegany

3083

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 4

Village or City Cumberland

(No. 111, Arlington Hotel St; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Stice barn Thomson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

March 24, 1913  
(Month) (Day) (Year)

7 AGE

Stice barn 3 mos.

yrs. mos. ds.

If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)

Cumberland

PARENTS

10 NAME OF  
FATHER

J. D. Thomson

11 BIRTHPLACE  
OF FATHER  
(State or country)

Pa

12 MAIDEN NAME  
OF MOTHER

Maggie Billy

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant

J. S. Wilson

Address

Cumberland Md.

15

MAR 26 1913

F. W. Daugherty

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 24, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h alive on , 191 , to , 191 .

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Stice barn

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

J. S. Wilson, M. D.  
March 25, 1913 (Address) Cumberland Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Arlington Cemetery

DATE OF BURIAL

, 191 .

20 UNDERTAKER

Dr. Johnson

ADDRESS

—

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc. of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Measles*; *Whooping cough*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Brachyptremia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anesthesia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tremula," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railroad train—accident; Recovered wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., scaphis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

3084

County AlleghenySTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 4St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Cumberland (No. 179 Bradford2 FULL NAME Wesley W. Tracy

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
-------------------	--------------------------	--

6 DATE OF BIRTH	.....	.....	.....	1
	(Month)	(Day)	(Year)	

7 AGE <u>69</u>	..... yrs.	..... mos.	..... ds.	If LESS than 1 day, _____ hrs. OR _____ min. ?
-----------------	------------	------------	-----------	--

8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Well Driller</u>	(b) General nature of industry, business, or establishment in which employed (or employer) <u></u>
---	--

9 BIRTHPLACE (State or country) <u>nd</u>
--

10 NAME OF FATHER <u>Wesley Tracy</u>
---------------------------------------

11 BIRTHPLACE OF FATHER (State or country) <u>nd</u>
---

12 MAIDEN NAME OF MOTHER <u>Sister Gordon</u>
---

13 BIRTHPLACE OF MOTHER (State or country) <u>nd</u>
---

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) <u>Thomas S. Tracy</u>
--

(Address) <u>179 Bradford St.</u>
-----------------------------------

15 MAR 18 1913 Filed ..... , 1913	<u>W. W. Tracy</u>
--------------------------------------	--------------------

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 16, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1912, to Mar. 16, 1913.

that I last saw him alive on Mar. 12, 1913, and that death occurred on the date stated above, at 10 m.

The CAUSE OF DEATH★ was as follows:

Cancer of hand

Contributory  
(Secondary) Exhaustion

(Duration) 1 yrs. 6 mos. ds.  
(Signed) Thos. S. Tracy M. D.  
Mar. 17, 1913 (Address) Accabonoc Rd.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Roxbury DATE OF BURIAL Mar. 17, 1913

20 UNDERTAKER John C. Woelford ADDRESS City

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

AMERICAN PUBLIC HEALTH ASSOCIATION

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc.. *Carcin-*  
oma. *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malig-  
nant neoplasms); *Measles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), *29 ds.*:  
*Bronchopneumonia* (secondary), *10 ds.* Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Mara-  
asmus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "*PUERPERAL septicar-  
mia*," "*PUERPERAL peritonitis*," etc. State cause for  
which surgical operation was undertaken. For VIO-  
LENCE DEATHS state MEANS OF INJURY and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—accident*;  
*Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)  
If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU. V. S.

## MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

+  
1 PLACE OF DEATH

3085

STATE OF MARYLAND  
CERTIFICATE OF DEATH

County Allegany

Village or City Grahamtown (No. 51) Wright St., Ward)

Registered No. 9

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME William Wagner

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
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6 DATE OF BIRTH	3	16th, 1891 (Month) (Day) (Year)
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7 AGE 21 yrs. 11 mos. 4 ds.	IF LESS than 1 day, ... hrs. OR min. ?
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8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	miner
---	-------

9 BIRTHPLACE (State or country)	Frostburg, Md.
------------------------------------	----------------

10 NAME OF FATHER	George Wagner
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11 BIRTHPLACE OF FATHER (State or country)	Frostburg
---	-----------

12 MAIDEN NAME OF MOTHER	Louisa Roberts
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13 BIRTHPLACE OF MOTHER (State or country)	Borden Shaft
---	--------------

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Mrs Wm. Kear,
---	---------------

(Address)	Frostburg, Md.
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15	
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Filed 3/16, 1913 T. Griffiths

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 16, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1913 to Mar 16, 1913  
that I last saw him alive on Mar 16, 1913

and that death occurred on the date stated above, at 1 p.m.  
The CAUSE OF DEATH was as follows:

Syphilitic pneumonia

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) George Wagner, M.D.

4-16, 1913 (Address) Mrs. Keady

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Frostburg 3-20, 1913

## 20 UNDERTAKER

Melting Lure Frostburg

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal minc*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture or skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED  
APR 16 1913  
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

3086

45

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

County allegVillage or City Cumberland (No.)

St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Sarah Virginia Walker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Female WhiteSingle

6 DATE OF BIRTH

Dec. 4, 1854  
(Month) (Day) (Year)

7 AGE

58 yrs. 3 mos. 8 ds.

If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)None9 BIRTHPLACE  
(State or country)Md.10 NAME OF  
FATHERDavid Walker11 BIRTHPLACE  
OF FATHER  
(State or country)Ireland12 MAIDEN NAME  
OF MOTHERElizabeth Higgins13 BIRTHPLACE  
OF MOTHER  
(State or country)W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

David Walker

(Address)

Davidson St

15

Filed MAR 14 1913

1921

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar. 12, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar. 1, 1913, to Mar. 12, 1913,

that I last saw him alive on Mar. 11, 1913,

and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:

Cancer of Kidney

(Duration) 6 yrs. 6 mos. ds.

Contributory  
(Secondary)Bright Disease

(Duration) 2 yrs. mos. ds.

(Signed)

Thos. W. Tozer, M. D.Mar. 14, 1913 (Address) Cumberland Md

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. 10 ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? Davidson StFormer or usual residence lived in City

19 PLACE OF BURIAL OR REMOVAL

Rose Hill CemeteryDATE OF BURIAL  
Mar. 14, 1913

20 UNDERTAKER

Louis SteinADDRESS  
City.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc.. *Carcin-*

oma

Surcoma

etc. of ..... (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary). 10 d. Never report mere symptoms or terminal conditions, such as "Ab-  
stinenza," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicar-  
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 8 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 3087

County Allegany

43

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 11

Village or City Eckhart (No.)

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Annie Elizabeth Wright

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F	4 COLOR OR RACE W	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
---------	-------------------	---

6 DATE OF BIRTH

7-12, 1889  
(Month) (Day) (Year)

7 AGE

53 yrs. 8 mos. 3 ds. If LESS than  
1 day, hrs.  
OR min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)

Maryland

## PARENTS

10 NAME OF  
FATHER

Wm Phillips

11 BIRTHPLACE  
OF FATHER  
(State or country)

Md

12 MAIDEN NAME  
OF MOTHER

Amelia Williams

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Osborne M. Wright

(Address) Eckhart Md.

15

Filed 191

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 15, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from  
Nov 1, 1912, to Mar 15, 1913.

that I last saw her alive on Mar 15, 1913.

and that death occurred on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH\* was as follows:

Carcinoma of Breast -

(Duration) 1 yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) G. K. Melegard, M. D.

Mar 15, 1913 (Address) Eckhart Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Huntington Mar 17, 1913

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dair laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., or \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vulneral heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture or skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 2 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <i>Allegany</i>		3088	STATE OF MARYLAND CERTIFICATE OF DEATH		
		(S)	Registration Dist. No. 4		
Village or City <i>Cumberland</i> (No. 7)		Beall	St. 1 Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <i>infant Still Born Wisner</i>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Singel</i>	16 DATE OF DEATH <i>Mar. 6, 1913</i> (Month) (Day) (Year)		
6 DATE OF BIRTH <i>Mar 6, 1913</i> (Month) (Day) (Year)		17 I HEREBY CERTIFY. That I attended deceased from <i>, 1913, to , 1913,</i> that I last saw him alive on <i>, 1913,</i> and that death occurred on the date stated above, at <i>, 1913,</i>			
7 AGE <i>— yrs. — mos. — ds.</i>		If LESS than 1 day, .... hrs. OR .... min. ?	The CAUSE OF DEATH* was as follows: <i>Still Born</i>		
8 OCCUPATION <i>None</i>		Contributory (Secondary) <i>Fremont Birth 8 mos.</i>			
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) <i>Thos. V. L. Loyal, M.D.</i>			
9 BIRTHPLACE (State or country) <i>Md</i>		(Signed) <i>Mar. 7, 1913</i> (Address) <i>Cumberland</i>			
10 NAME OF FATHER <i>Clarence E. Wisner</i>		* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
11 BIRTHPLACE OF FATHER (State or country) <i>West Va</i>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANBITS, OR RECENT RESIDENTS)			
12 MAIDEN NAME OF MOTHER <i>Mary Fisher</i>		At place _____ In the _____ of death ____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds.			
13 BIRTHPLACE OF MOTHER (State or country) <i>Md</i>		Where was disease contracted, if not at place of death?			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Clarence E. Wisner</i>		Former or usual residence _____			
(Address) <i>Cumberland 4A</i>		19 PLACE OF BURIAL OR REMOVAL <i>Rose Hill</i>			
15 Filed MAR 7 1913 <i>Franklin</i>		DATE OF BURIAL <i>Mar 6, 1913</i>			
		20 UNDERTAKER <i>Josie Stein</i>			
		ADDRESS <i>Cumberland</i>			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

**Statement of cause of death—**Name, first, the DISEASE causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Cancer.

oma. Surgeon, etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic trivalvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Miasma," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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APR 8 1913

BUREAU. V. S.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Cancer,

oma, Sarcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Ex. example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 3 1913

BUREAU. V. S.

## WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

County *Allegy*

3090

Village or City *Frostbury* (No.)

## 2 FULL NAME

*Shelton*STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. *9*

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
<i>Male</i>	<i>white</i>	<i>S</i>

(Write the word)

6 DATE OF BIRTH	<i>Mar 1</i>	<i>1913</i>
	(Month)	(Day)
		(Year)

7 AGE	<i>Shelton</i>	If LESS than 1 day, .... hrs. OR .... min. ?
yrs.	mos.	ds.

8 OCCUPATION	<i>—</i>
(a) Trade, profession, or particular kind of work	<i>—</i>
(b) General nature of industry, business, or establishment in which employed (or employer)	<i>—</i>

9 BIRTHPLACE (State or country)	<i>Ind</i>
------------------------------------	------------

10 NAME OF FATHER	<i>Willeams</i>
-------------------	-----------------

11 BIRTHPLACE OF FATHER (State or country)	<i>Md</i>
---	-----------

12 MAIDEN NAME OF MOTHER	<i>Marie Harris</i>
--------------------------	---------------------

13 BIRTHPLACE OF MOTHER (State or country)	<i>Md</i>
---	-----------

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	<i>M. J. Harris</i>
--	---------------------

(informant)	<i>Frostbury</i>
-------------	------------------

15 Filed	<i>Mar 3, 1913</i>
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REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar*, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw h. alive on , 1913

and that death occurred on the date stated above, at m. The CAUSE OF DEATH\* was as follows:

*Liver fail (8 mo)  
Cause not known*

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) *Gupta*, M.D.

*Mar 3, 1913* (Address) *Frostbury*

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Frostbury* DATE OF BURIAL *Mar 3, 1913*

20 UNDERTAKER *Hornby* ADDRESS *Frostbury*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal pætromitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

APR 16 1913

BUREAU, V. S.

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1 PLACE OF DEATH County <i>Allegany</i>		3091	92	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <i>Frostburg</i> (No.)			Registered No. 9		
St; Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <i>Martha Wilson</i>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Widow		
6 DATE OF BIRTH <i>Meh 5</i>		7 AGE <i>74 yrs. 0 mos. 10 ds.</i>	If LESS than 1 day, hrs. OR min.?		
8 OCCUPATION <i>None</i>					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business, or establishment in which employed (or employer) <i>✓</i>					
9 BIRTHPLACE (State or country) <i>Va.</i>					
PARENTS	10 NAME OF FATHER <i>Daniel Doley</i>				
	11 BIRTHPLACE OF FATHER (State or country) <i>on main</i>				
	12 MAIDEN NAME OF MOTHER <i>Maria Doley</i>				
	13 BIRTHPLACE OF MOTHER (State or country) <i>on river</i>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>S. C. Wilson</i> (Address) <i>Frostburg, Md.</i>					
15	Filed <i>3/16</i>	1913	1	Greffette	REGISTRAR
16 DATE OF DEATH <i>March 15</i> , 1913					
17 I HEREBY CERTIFY, That I attended deceased from <i>March 4, 1913</i> to <i>March 14</i> , 1913, that I last saw her alive on <i>March 14</i> , 1913, and that death occurred on the date stated above, at <i>10:20 A.M.</i> The CAUSE OF DEATH* was as follows: <i>Influenza and pneumonia</i>					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____					
19 PLACE OF BURIAL OR REMOVAL <i>Johnston's - Garwood</i>					
DATE OF BURIAL <i>March 17</i> , 1913					
20 UNDERTAKER <i>Jonas Durst</i>					
ADDRESS <i>Frostburg, Md.</i>					

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

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oma

*Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Athetia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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**PLACE OF DEATH** 3092  
County Allegany

Village or City Lonaconing (No.) Allegany Hosp. St. Ward)

**FULL NAME** Brown, Fost

PERSONAL AND STATISTICAL PARTICULARS			
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b>	(Write the word)
Male	White	Single	
<b>6 DATE OF BIRTH</b>		Oct 7	, 1868 (Month) (Day) (Year)
<b>7 AGE</b>		24 yrs. 5 mos. 1 ds.	If LESS than 1 day, hrs. OR min. ?
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work..		Teacher	
(b) General nature of industry, business, or establishment in which employed (or employer)		School.	
<b>9 BIRTHPLACE</b> (State or country)		W. Va.	
<b>10 PARENTS</b>	<b>10 NAME OF FATHER</b>	D. W. Fost	
	<b>11 BIRTHPLACE OF FATHER</b> (State or country)	W. Va.	
	<b>12 MAIDEN NAME OF MOTHER</b>	Sarah L. Gray	
	<b>13 BIRTHPLACE OF MOTHER</b> (State or country)	W. Va.	
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>			
(Informant) D. W. Fost			
(Address) Great Bacocon.			
<b>15</b>	Filed	Mar. 8, 1913	H. H. Brumagh

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. A

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**MEDICAL CERTIFICATE OF DEATH**  
**16 DATE OF DEATH** Mar 8, 1913  
(Month) (Day) (Year)

**17** HEREBY CERTIFY, That I attended deceased from Mar 8, 1913, to Mar 8, 1913, that I last saw him alive on Mar 8, 1913, and that death occurred on the date stated above, at 5 P.M. The CAUSE OF DEATH\* was as follows:

Acute dilatation of heart with pulmonary oedema (Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) James S. Johnson, M.D.  
Mar 8, 1913. (Address) Concordia Hospital

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. 8 ds. In the State yrs. mos. 8 ds.

Where was disease contracted,  
If not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL** Great Bacocon  
**DATE OF BURIAL** Mar. 8, 1913

**20 UNDERTAKER** Louis Stein  
**ADDRESS** Columbia.

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF RE-TEST**

CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health

### ASSOCIATION.

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. These material worked on may form part of the second statement. Never return "laborer," "foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coating*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement or cause of death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meninges, peritoneum, etc.*; *Carcin-*

oma. *Succoma*, etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Miasis* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetraemia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
APR 8 1913  
BUREAU. V. S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

3093

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 4

County Allegany

Village or City Cumberland (No. 241 N. Centre

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Charles L Young

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WOOED,  
DIVORCED  
(Write the word)

married

6 DATE OF BIRTH

Dec 2, 1878  
(Month) (Day) (Year)

7 AGE

34 yrs. 3 mos. 1 ds.

If LESS than  
1 day, hrs.  
OR min. ?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work Foreman in Laundry  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) Laundry9 BIRTHPLACE  
(State or country)

Md

10 NAME OF  
FATHER

Loris L Young

11 BIRTHPLACE  
OF FATHER  
(State or country)

Md

12 MAIDEN NAME  
OF MOTHER

Margrete Koegle

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Loris Stein

(Address)

Cumberland

15

MAR 4 1913  
Filed 1913

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar. 3, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from  
Feb. 1, 1913, to Mar. 3, 1913,

that I last saw him alive on Mar. 3, 1913,

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Subacute *ischaemia* of Lung.Contributory  
(Secondary)

(Duration) 1 yrs. mos. ds.

(Signed)

Thos. H. Nagel, M. D.  
Mar. 3, 1913. (Address) Cumberland\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

German Lutheran Mar. 5, 1913

20 UNDERTAKER

Loris Stein Cumberland

DATE OF BURIAL

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.]

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**Statement of cause of death**—Name, first, the disease

causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-geital"), "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-  
mus," "Old Age," "Shock," "Tramaia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-ture of the American Medical Association.)

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APR 8 1913

BUREAU, V. S.